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# ANNUAL REPORT

ON THE

# HEALTH OF THE COUNTY

FOR THE YEAR 1958

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W. H. P. MINTO, M.D., D.P.H.

County Medical Officer.

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## HEALTH COMMITTEE, 31st DECEMBER, 1958

Chairman: Mr. R. F. Dickinson.

Vice-Chairman: Mrs. E. G. Cain, O.B.E.

Askew, J.
Banham, G.
Batey, Rev. H. T.
Bland, T. P.
Broadbent, C. W.
Bryan, D.
Curwen, Mrs. J. N. St. G.
Douglas, J.
Herdman, J. F.
Kilbride, J.
McCann, Rev. F. K.
McKeating, Mrs. B. O.
McPoland, Mrs. F.
Nixon, W. G.
Powers, J. E.
Smith, Mrs. M.
Stephenson, W.
Townsley, R.
Waddell, W.
Wilson, D. G.
Wilson, Mrs. M. A.
Young, T.

### Ex-Officio Members:

Chairman of County Council—Westoll, J.
Vice-Chairman of County Council—Edmonds, C.

Chairman Finance Committee—Gaskarth, F. G. (Died 14.11.58).

### External Members:

Brown, Mrs. J. Court
Collins, R. G.
Faulds, Dr. J. S.
Ferguson, Dr. T. T.
Fletcher, Dr. A. F.
Graham, Miss E. R.
Grant, Dr. R. N. R.
Hasell, Mrs. G., O.B.E.
Hodgson, Mrs. H. L.
James, Mrs. E. L.
Laycock, Miss G. G.
Long, R.
McCowan, R. D.
Rolland, Dr. C.

## MEDICAL, DENTAL AND ANCILLARY STAFF

**County Medical Officer of Health and Principal School Medical Officer—**

W. H. P. Minto, M.D., D.P.H.

**Deputy County Medical Officer of Health and Deputy Principal School Medical Officer—**

R. K. Machell, M.B., Ch.B., D.P.H.

**Assistant County and School Medical Officers, and District Medical Officers of Health—**

J. L. Hunter, M.B., Ch.B., D.P.H., Senior Assistant County Medical Officer and Medical Officer of Health, Workington Borough.

J. N. Dobson, M.B., Ch.B., D.P.H., Medical Officer of Health, Whitehaven Borough and Ennerdale Rural District.

J. R. Hassan, M.B., Ch.B., D.R.C.O.G., Medical Officer of Health Alston Rural District (also general practitioner).

I. S. Jones, M.R.C.S., L.R.C.P., D.P.H., Medical Officer of Health Wigton Rural District and Penrith Urban District.

J. Patterson, M.B., B.Ch., B.A.O., D.P.H., Medical Officer of Health Cockermouth Rural and Urban Districts and Keswick Urban District.

E. A. Perrott, M.D., B.S., D.P.H., Medical Officer of Health Millom Rural District.

K. J. Thomson, M.B., Ch.B., D.P.H., Medical Officer of Health Border Rural District and Penrith Rural District.

**Assistant County and School Medical Officers—**

E. M. O. Campbell, M.B., Ch.B., D.P.H., D.T.M. & H.

P. T. Regester, M.R.C.S., L.R.C.P., D.P.H.

C. H. Mair, L.R.C.P., L.R.C.S.(Ed.), D.P.H.

**Principal Dental Officer—**

A. C. S. Martin, L.D.S.

**Dental Officers—**

I. R. C. Crabb, L.D.S.
D. H. Hayes, L.D.S.
M. Hayes, B.D.S.
F. H. Jacobs, L.D.S.
D. C. Lamond, L.D.S.
R. B. Neal, M.B.E., L.D.S.
A. R. Peck, L.D.S.
A. M. Scott, L.D.S.

**Mental Health—**

**Consultant Psychiatrists** (Part-time) Seconded from Newcastle-upon Tyne Regional Hospital Board.
J. Braithwaite, M.B., Ch.B., D.P.M.
J. R. Stuart, M.B., Ch.B., D.P.M.
T. T. Ferguson, L.R.C.P., L.R.C.S., L.R.F.P.S.

**Mental Health Officer—**

N. Froggatt

**Mental Health Workers—**

Miss E. F. Hall.
Mrs. W. P. Fitzsimmons, B.A.

**Social Worker—**

Mrs. M. M. Coles (Part-time)

**Psychiatric Social Worker—**

Miss M. Lamb (Part-time seconded from Newcastle-upon-Tyne Regional Hospital Board).

## NURSING STAFF

**Superintendent Nursing Officer—**

Miss I. Mansbridge, S.R.N., S.C.M., Q.N., H.V.Cert.

**Deputy Superintendent Nursing Officer—**

Miss S. Keeler, S.R.N., S.C.M., Q.N., H.V.Cert. (resigned 10.2.58.)
Miss I. John, S.R.N., S.C.M., Q.N., H.V.Cert. (commenced 1.4.58.)

**Assistant Superintendent Nursing Officers—**

Miss P. G. O'Sullivan, S.R.N., S.C.M., Q.N., H.V.Cert. (commenced 1.2.58.)
Mrs. A. Steele, S.R.N., S.C.M., Q.N., H.V.Cert.

| | |
|---|---|
| Health Visitors ... ... ... ... ... ... | 22 |
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**Orthopaedic Physiotherapists—**

Miss J. M. Morris, M.C.S.P., M.E.
Miss J. A. Fraser, M.C.S.P., O.N.C.

**Orthoptists—**

Mrs. A. M. Scott, D.B.O. (Part-time).
Miss A. Murray, D.B.O. (commenced 3.2.58.)

**Speech Therapists—**

Mrs. J. M. Moss, L.C.S.T. (resigned 31.7.58.)
Miss A. M. Stevenson, L.C.S.T. (resigned 10.10.58.)
Mrs. S. E. Latimer, L.C.S.T. (part-time from October, 1958).
Miss C. C. Richardson, L.C.S.T. (commenced 1.9.58.)

**Administrative Officer—**

W. Butcher.

## PREFACE

**To the Chairman and Members of the Cumberland County Council.**

Mr. Chairman, My Lord, Ladies and Gentlemen,

I have the honour to present the Annual Report on the Health of the County of Cumberland for the year ended 31st December, 1958.

The vital statistics show no significant change from the previous year. The birth rate per thousand population has decreased from 17.9 in 1957 to 17.6. The crude death rate at 12.1 is the same as in 1957. The birth rate for 1958 is 5.5 in excess of the death rate (5.8 in 1957). The infant mortality rate at 28.2 shows a slight increase but with small populations this rate is relatively insignificant and what is important is the trend over a number of years. In connection with the perinatal mortality rate (still-births plus deaths in the first week of life) the report on page 18 on the findings in Cumberland during the national survey of perinatal mortality in 1958 is of interest. The reports from the chest physicians, the statistics and the results of the mass radiography survey undertaken in the Ennerdale Rural District give an encouraging picture of the effectiveness of the anti-tuberculosis campaign which has been undertaken vigorously in recent years in this county and there is every indication that morbidity as well as mortality from pulmonary tuberculosis is on the wane.

I have included in the Report (page 14) a table showing mortality trends in Cumberland of which the most important are the decrease in the rate of mortality, accelerated since 1930, in the earlier years of life and the increasing proportion of persons of 45 years of age or over in the population with, consequentially, a greater percentage of deaths in the later years of life. With the increasing proportion of survivors in the later decades of life the death rate is prevented from falling by the inevitable increase in total deaths from those diseases which commonly affect people in later life, for example the cancers, vascular diseases of the central nervous system and diseases of the circulatory system. In recent years, however, we have seen locally and nationally variations in the actual causes of death in the different age and sex groups of the population. This raises the question as to how the available forces of preventive medicine may best be used to deal with these new problems. Present evidence suggests that our energies might well be directed towards the lowering of perinatal mortality; cancer and in particular lung cancer of which a major cause—smoking—is known; the diseases of middle age, for example coronary disease, hypertension, gastric and duodenal ulcers. While we have in the past dealt largely in terms of mortality trends, morbidity must not be ignored. The morbidity from accidents in the home, in the street and at work, poliomyelitis, mul-

tiple sclerosis, cerebral palsy and the many disorders peculiar to the elderly, causes perhaps more distress and suffering than actual mortality.

Much attention has been given during the year to the problems of caring for the health of the aged. Some months before the issue of Ministry of Health Circular 14/57, a Joint Committee on the Care and Welfare of the Elderly was formed in order that officers representative of the statutory authorities and voluntary organisations could meet at regular intervals to consider what could be done to improve and extend the services provided for the elderly. These quarterly meetings have been very productive in both action and ideas but it may be that their greatest value has been to stimulate those present to consider the problems as a whole and not merely from the domiciliary or from the institutional viewpoint. More recently the County Council has set up a Working Party to consider the needs of the aged under the chairmanship of the Chairman of the County Health Committee, and their Report when complete should set the pattern of the service in Cumberland for some years to come.

The Mental Health Bill foreshadows easier admission to and discharge from mental hospitals and there have already been far-reaching modifications in the voluntary admission of mental defectives to institutions and in their care in the community. With the increasing emphasis on community care, I feel that it is of vital importance that the local health authority should give highest priority to the training of staff to meet these demands. A start has been made in Cumberland by the provision of in-service training for general mental health workers, a training scheme for occupation centre staff, and a scholarship scheme for psychiatric social workers. The Council's first venture in residential accommodation in this field has been to provide a boarding hostel for mental defectives under 16 years of age living in those parts of the county where it is impossible for them to attend occupation centres. These children are thus enabled to attend an occupation centre daily and in the holiday periods their beds are occupied by defectives admitted for short-term care.

I said in last year's Report that 1958 would be "vaccination year" as far as poliomyelitis vaccination is concerned, and this it has proved to be, 90,951 injections against this disease having been carried out in Cumberland. The one unfortunate result of public interest taken in this form of preventive innoculation has been a decline in the number of children immunised against diphtheria. This is a serious state of affairs and it must be corrected. The fact that no case of diphtheria has been notified in the county since 1949 must not be allowed to give rise to any complacency when it is remembered that elsewhere quite severe outbreaks of diphtheria have occurred when the immunity index has been lowered.

The Minister of Health has asked Medical Officers of Health to include in their Reports this year a brief general review of the manner in which during the last ten years the local health services have functioned in the wider setting of the National Health Service generally. I have commented on these matters in the appropriate sections of the Report but I would say here that, in general, early fears of lack of co-ordination between the three branches have proved quite unfounded, and while in this county we enjoy close and willing co-operation between general medical practitioners, hospitals and the local health authority I can foresee some preventable dangers for the future. Informal relationships between officers have, if anything, improved and the establishment of liaison committees for specific purposes has proved invaluable, but there has been a serious falling-off in the interminglings of membership of the various bodies concerned, which has secured in the past such excellent co-ordination within the service locally. This is perhaps most striking in the case of the Special Area Committee of the Newcastle Regional Hospital Board which, as the senior hospital authority, does not at the time of writing include in its membership one single member of the Cumberland County Council—the largest local health authority in the Special Area.

As I see it, during the past ten years we have been engaged largely in establishing lines of communication. These now established, one can foresee a very great expansion in community services generally and the development of important new tasks for local health authorities which through research and health education should lead to a diminution in the need for hospital beds and a continuing improvement in the health of the population.

The establishment of the health department has been reviewed and brought up to date and every effort is now being made to provide adequate in-service training for all grades of staff. With such an expanding service it is impossible to forecast economies in the usual financial sense but, given room to manoeuvre, it is my earnest hope that I will be able, by employing specialist staff, both in the office and in the field to the best advantage, by using to the full the excellent mechanical aids now available, and, by the deployment of well trained but less highly qualified workers where indicated and by the full use of voluntary services, to develop the community health services within the bounds of reasonable expenditure.

I am indebted to the members of the Council, particularly to those who serve on the Health Committee and its various sub-committees; also to the chief

and senior officers of other departments and to the many individuals representing official and voluntary bodies with whom my work brings me into contact. Lastly I must thank the members of my own department, medical, dental, nursing, clerical and others for the great help they have given me.

I am, my Lord, Ladies and Gentlemen,

Your obedient Servant,

W. H. P. MINTO,
County Medical Officer.

County Health Department,
11, Portland Square,
Carlisle.

June, 1959.

Tel. No. Carlisle 23456.

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## STATISTICAL AND SOCIAL CONDITIONS OF THE AREA

Area in acres of Administrative County—967,054 acres.
Rateable Value (April 1st, 1958)—£1,882,067
Estimated product of 1d. rate (April 1st, 1958)—£7,321.
Population (Census, 1951)—217,453.
Population (1958 Mid-year estimate)—217,700

| | |
|---|---|
| Live births | 3,834 |
| Live birth rate per 1,000 population | 17.61 |
| Still births | 80 |
| Still birth rate per 1,000 live and still births | 20.44 |
| Total live and still births | 3,914 |
| Infant deaths | 108 |
| Infant mortality rate per 1,000 live births—total | 28.17 |
| Infant mortality rate per 1,000 live births—legitimate | 27.38 |
| Infant mortality rate per 1,000 live births—illegitimate | .79 |
| Neo-Natal mortality rate per 1,000 live births | 22.17 |
| Illegitimate live births per cent of total live births | 3.62% |
| Maternal deaths (including abortion) | 1 |
| Maternal mortality rate per 1,000 live and still births | .25 |

A more detailed analysis of the above figures is given below:—

| | Male: | Female: | Total | Urban Districts | Rural Districts | Admin. County | Eng'd & Wales |
|---|---|---|---|---|---|---|---|
| LIVE BIRTHS— | | | | | | | |
| Legitimate ... | 1877 | 1818 | 3695 | | | | |
| Illegitimate ... | 74 | 65 | 139 | | | | |
| | 1951 | 1883 | 3834 | | | | |
| Birth rate per 1,000 population ... | | | | 18.0 | 17.35 | 17.61 | 16.4 |
| STILL BIRTHS— | | | | | | | |
| Legitimate ... | 34 | 39 | 73 | | | | |
| Illegitimate ... | 3 | 4 | 7 | | | | |
| | 37 | 43 | 80 | | | | |
| Stillbirth rate per 1,000 total births ... | | | | 17.6 | 23.2 | 20.44 | 21.6 |
| DEATHS— | | | | | | | |
| All causes ... | 1416 | 1227 | 2643 | | | | |
| Death rate per 1,000 population ... | | | | 12.61 | 11.82 | 12.14 | 11.7 |
| DEATHS— | | | | | | | |
| All infants under 1 year age | | | | | | | |
| Legitimate ... | 63 | 42 | 105 | | | | |
| Illegitimate .... | 1 | 2 | 3 | | | | |
| | 64 | 44 | 108 | | | | |

## COMPARATIVE VITAL STATISTICS

| Year | Estimated Mid-year Population | Births | | Deaths | | | |
|---|---|---|---|---|---|---|---|
| | | | | Under 1 year | | All ages | |
| | | No. | Rate | No. | Rate | No. | Rate |
| 1921 | 216691 | 5325 | 24.5 | 437 | 82 | 2703 | 12.5 |
| 1922 | 218499 | 4863 | 22.3 | 485 | 100 | 3218 | 14.7 |
| 1923 | 219720 | 4647 | 21.1 | 344 | 74 | 2793 | 12.7 |
| 1924 | 221010 | 4496 | 20.3 | 327 | 72 | 2875 | 13.0 |
| 1925 | 220030 | 4177 | 18.9 | 357 | 85 | 2961 | 13.4 |
| 1926 | 217400 | 4337 | 19.9 | 313 | 72 | 2753 | 12.6 |
| 1927 | 216230 | 3719 | 17.2 | 303 | 81 | 2958 | 13.6 |
| 1928 | 210600 | 3782 | 17.9 | 237 | 62 | 2597 | 12.3 |
| 1929 | 208720 | 3703 | 17.7 | 275 | 74 | 2879 | 13.3 |
| 1930 | 208720 | 3610 | 17.2 | 214 | 59 | 2551 | 12.2 |
| 1931 | 205270 | 3589 | 17.4 | 261 | 72 | 2813 | 13.7 |
| 1932 | 205550 | 3432 | 16.7 | 257 | 75 | 2792 | 13.6 |
| 1933 | 204010 | 3223 | 15.8 | 229 | 71 | 2806 | 13.7 |
| 1934 | 202400 | 3295 | 16.3 | 209 | 64 | 2725 | 12.9 |
| 1935 | 201000 | 3318 | 16.5 | 202 | 61 | 2671 | 12.8 |
| 1936 | 199590 | 3165 | 15.9 | 185 | 58 | 2574 | 12.4 |
| 1937 | 196080 | 3131 | 16.0 | 192 | 61 | 2806 | 13.8 |
| 1938 | 194900 | 3092 | 15.9 | 184 | 59.5 | 2638 | 13.0 |
| 1939 | 198940 | 3086 | 15.9 | 173 | 55.6 | 2668 | 12.9 |
| 1940 | 209930 | 3293 | 15.6 | 245 | 73 | 3209 | 14.8 |
| 1941 | 216230 | 3463 | 16.0 | 197 | 56 | 2726 | 12.6 |
| 1942 | 211030 | 3551 | 16.8 | 203 | 57 | 2578 | 12.2 |
| 1943 | 206230 | 3589 | 17.4 | 173 | 48 | 2556 | 12.3 |
| 1944 | 198780 | 3914 | 19.7 | 192 | 49 | 2441 | 12.3 |
| 1945 | 195120 | 3484 | 17.4 | 162 | 48 | 2477 | 12.7 |
| 1946 | 200660 | 3911 | 19.5 | 182 | 47 | 2522 | 12.6 |
| 1947 | 202460 | 4446 | 22.0 | 187 | 42 | 2788 | 13.8 |
| 1948 | 210020 | 4073 | 19.4 | 149 | 37 | 2442 | 11.7 |
| 1949 | 212170 | 3920 | 18.5 | 133 | 34 | 2711 | 12.8 |
| 1950 | 215900 | 3806 | 17.6 | 134 | 35 | 2716 | 12.6 |
| 1951 | 214700 | 3681 | 17.1 | 124 | 34 | 2827 | 13.2 |
| 1952 | 215050 | 3714 | 17.3 | 119 | 32 | 2603 | 12.1 |
| 1953 | 216100 | 3608 | 16.7 | 97 | 27 | 2571 | 11.9 |
| 1954 | 216600 | 3533 | 16.4 | 98 | 27.6 | 2567 | 11.9 |
| 1955 | 216700 | 3556 | 16.4 | 101 | 28.4 | 2653 | 12.2 |
| 1956 | 217450 | 3679 | 16.9 | 112 | 30.4 | 2653 | 12.2 |
| 1957 | 217600 | 3901 | 17.9 | 103 | 26.4 | 2640 | 12.1 |
| 1958 | 217700 | 3834 | 17.6 | 108 | 28.17 | 2643 | 12.1 |

## MORTALITY TRENDS—CUMBERLAND.

| Year | Population | Males 0— | 1— | 5— | 15— | 25— | 45— | 65— | 75+ | All Ages | Females 0— | 1— | 5— | 15— | 25— | 45— | 65— | 75+ | All Ages | Total Deaths | Crude Death Rate |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1921 | 216,691 | 255 | 72 | 39 | 58 | 139 | 273 | 260 | 234 | 1330 | 182 | 82 | 42 | 74 | 151 | 296 | 235 | 311 | 1373 | 2703 | 12.4 |
| 1931 | 205,270 | 154 | 53 | 44 | 65 | 140 | 369 | 316 | 312 | 1453 | 107 | 50 | 44 | 60 | 102 | 191 | 301 | 404 | 1360 | 2813 | 13.7 |
| 1938 | 194,900 | 105 | 31 | 25 | 44 | 97 | 360 | 372 | 348 | 1382 | 79 | 31 | 27 | 35 | 117 | 278 | 308 | 381 | 1256 | 2638 | 13.0 |
| 1951 | 214,700 | 78 | 18 | 8 | 20 | 79 | 373 | 378 | 514 | 1468 | 46 | 25 | 4 | 23 | 70 | 264 | 353 | 572 | 1359 | 2827 | 13.2 |
| 1957 | 217,600 | 54 | 11 | 11 | 22 | 65 | 346 | 394 | 496 | 1399 | 49 | 10 | 8 | 11 | 55 | 207 | 340 | 561 | 1241 | 2640 | 12.1 |
| 1958 | 217,700 | 64 | 12 | 4 | 14 | 66 | 374 | 364 | 518 | 1416 | 44 | 6 | 5 | 10 | 47 | 233 | 313 | 569 | 1227 | 2643 | 12.1 |
| % deaths in age groups 1921 | | 19.17 | 5.41 | 2.93 | 4.36 | 10.45 | 20.53 | 19.55 | 17.60 | 100 | 13.26 | 5.97 | 3.05 | 5.39 | 11.00 | 21.56 | 17.12 | 22.65 | 100 | | |
| % deaths in age groups 1957 | | 3.86 | 0.79 | 0.79 | 1.57 | 4.65 | 24.73 | 28.16 | 35.45 | 100 | 3.95 | 0.81 | 0.64 | 0.89 | 4.43 | 16.68 | 27.40 | 45.20 | 100 | | |
| % deaths in age groups 1958 | | 4.52 | 0.85 | 0.28 | 0.99 | 4.66 | 26.41 | 15.71 | 36.58 | 100 | 3.59 | 0.49 | 0.41 | 0.81 | 3.83 | 18.99 | 25.51 | 46.37 | 100 | | |

## BIRTHS, DEATHS, INFANTILE MORTALITY AND POPULATION IN THE YEAR 1958.

| | BIRTHS | | | | | | DEATHS | | | INFANTILE MORTALITY | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| District | Legitimate | Illegitimate | Total | Births per 1,000 of population (Crude) | Comparability Factor | Still-births | Total Deaths | Deaths per 1,000 of population (Crude) | Comparability Factor | Legitimate | Illegitimate | Total | Deaths of Infants under 1 year per 1,000 Live Births | Estimated mid-year population |
| URBAN DISTRICTS— | | | | | | | | | | | | | | |
| Cockermouth | 82 | 3 | 85 | 15.80 | 1.01 | — | 77 | 14.31 | 1.00 | 1 | — | 1 | 11.76 | 5380 |
| Keswick | 59 | 4 | 63 | 13.46 | 1.00 | 2 | 72 | 15.38 | 0.86 | 2 | — | 2 | 31.75 | 4680 |
| Maryport | 217 | 9 | 226 | 18.11 | 0.95 | — | 160 | 12.82 | 1.16 | 11 | — | 11 | 48.67 | 12480 |
| Penrith | 161 | 6 | 167 | 15.75 | 1.01 | 2 | 149 | 14.06 | 0.93 | — | — | — | — | 10600 |
| Whitehaven | 502 | 24 | 526 | 20.11 | 0.96 | 14 | 306 | 11.70 | 1.18 | 22 | 1 | 23 | 43.73 | 26150 |
| Workington | 508 | 18 | 526 | 18.01 | 0.97 | 10 | 352 | 12.05 | 1.19 | 18 | 1 | 19 | 36.12 | 29210 |
| Aggregate | 1529 | 64 | 1593 | 18.00 | 0.98 | 28 | 1116 | 12.61 | 1.11 | 54 | 2 | 56 | 35.15 | 88500 |
| RURAL DISTRICTS— | | | | | | | | | | | | | | |
| Alston | 48 | 3 | 51 | 22.57 | 1.09 | 2 | 36 | 15.93 | 0.94 | 1 | — | 1 | 19.61 | 2260 |
| Border | 442 | 19 | 461 | 15.37 | 1.15 | 14 | 399 | 13.30 | 0.89 | 12 | — | 12 | 26.03 | 29990 |
| Cockermouth | 290 | 11 | 301 | 15.38 | 0.99 | 12 | 245 | 12.52 | 1.08 | 8 | — | 8 | 26.58 | 19570 |
| Ennerdale | 551 | 14 | 565 | 19.45 | 1.01 | 10 | 316 | 10.88 | 1.20 | 12 | — | 12 | 21.24 | 29050 |
| Millom | 256 | 12 | 268 | 18.73 | 1.04 | 3 | 141 | 9.85 | 1.11 | 5 | 1 | 6 | 22.39 | 14310 |
| Penrith | 194 | 3 | 197 | 17.16 | 1.03 | 3 | 132 | 11.50 | 1.00 | 5 | — | 5 | 25.38 | 11480 |
| Wigton | 385 | 13 | 398 | 17.66 | 1.02 | 8 | 258 | 11.45 | 1.03 | 8 | — | 8 | 20.10 | 22540 |
| Aggregate | 2166 | 75 | 2241 | 17.35 | 1.04 | 52 | 1527 | 11.82 | 1.05 | 51 | 1 | 52 | 23.20 | 129200 |
| Administrative County | 3695 | 139 | 3834 | 17.61 | 1.02 | 80 | 2543 | 12.14 | 1.07 | 105 | 3 | 108 | 28.17 | 217700 |

N.B.—Area Comparability Factors. In order to compare the statistics of birth and death rates in the county and county districts with the mortality and birth rates for England and Wales it is necessary to make a correction, to allow for the difference in age and sex distribution of the different populations. This is done by applying to the crude death rate and crude birth rate of the districts concerned "Area Comparability Factors" which have been estimated by the Registrar General and are shown on the table above.

# CAUSES OF DEATH IN ADMINISTRATIVE AREAS

| Cause of Death | Administrative County | Cockermouth U.D. | Keswick U.D. | Maryport U.D. | Penrith U.D. | Whitehaven M.B. | Workington M.B. | Aggregate of U.D.'s | Alston R.D. | Border R.D. | Cockermouth R.D. | Ennerdale R.D. | Millom R.D. | Penrith R.D. | Wigton R.D. | Aggregate of R.D.'s. |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| All Causes | 2643 | 77 | 72 | 160 | 149 | 306 | 352 | 1116 | 36 | 399 | 245 | 316 | 141 | 132 | 258 | 1527 |
| 1. Tuberculosis, Respiratory | 24 | 1 | — | 2 | 1 | 2 | 4 | 10 | — | 5 | — | 4 | 3 | 1 | 1 | 14 |
| 2. Tuberculosis, other | 4 | — | — | — | — | — | 1 | 1 | — | — | 1 | 2 | — | — | — | 3 |
| 3. Syphilitic Disease | 6 | — | — | 1 | 1 | 1 | — | 3 | — | 1 | 1 | 1 | — | — | — | 3 |
| 4. Diphtheria | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — |
| 5. Whooping Cough | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — |
| 6. Meningococcal Infections | 1 | — | — | — | — | — | — | — | — | — | — | 1 | — | — | — | 1 |
| 7. Acute Poliomyelitis | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — |
| 8. Measles | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — |
| 9. Other Infective and Parasitic Diseases | 6 | — | — | 1 | — | 2 | 1 | 4 | — | — | — | 1 | — | 1 | — | 2 |
| 10. Malignant Neoplasm, Stomach | 78 | 5 | 1 | 3 | 6 | 5 | 6 | 26 | 4 | 9 | 7 | 12 | 6 | 4 | 10 | 52 |
| 11. Malignant Neoplasm, Lung Bronchus | 69 | 2 | 4 | 4 | 4 | 10 | 9 | 33 | — | 5 | 9 | 10 | 4 | 4 | 4 | 36 |
| 12. Malignant Neoplasm, Breast | 33 | 1 | 2 | — | 4 | — | 7 | 14 | — | 3 | 5 | 4 | 2 | 2 | 3 | 19 |
| 13. Malignant Neoplasm, Uterus | 22 | — | — | — | — | 2 | 2 | 4 | 1 | 3 | 2 | 3 | 2 | 1 | 6 | 18 |
| 14. Other Malignant & Lymphatic Neoplasms | 205 | 7 | 3 | 12 | 9 | 23 | 33 | 87 | 1 | 32 | 20 | 19 | 11 | 10 | 25 | 118 |
| 15. Leukaemia, Aleukaemia | 11 | 1 | — | 1 | — | 1 | 3 | 6 | — | — | 2 | 1 | 1 | — | 1 | 5 |
| 16. Diabetes | 22 | 1 | — | 3 | — | 2 | 4 | 10 | — | 4 | 3 | 5 | — | — | — | 12 |
| 17. Vascular Lesions of Nervous System | 450 | 13 | 9 | 27 | 30 | 46 | 63 | 188 | 9 | 66 | 40 | 55 | 20 | 23 | 49 | 262 |
| 18. Coronary Disease, Angina | 443 | 11 | 21 | 33 | 24 | 46 | 68 | 203 | 4 | 54 | 35 | 53 | 26 | 27 | 41 | 240 |
| 19. Hypertension with Heart Disease | 48 | 1 | 3 | 3 | 4 | 9 | 5 | 25 | 1 | 7 | 3 | 4 | — | 2 | 6 | 23 |
| 20. Other Heart Disease | 432 | 12 | 13 | 18 | 40 | 32 | 44 | 159 | 1 | 103 | 51 | 26 | 26 | 19 | 47 | 273 |
| 21. Other Circulatory Disease | 112 | 2 | 3 | 9 | 4 | 11 | 4 | 33 | 2 | 24 | 10 | 26 | 5 | 5 | 7 | 79 |
| 22. Influenza | 5 | — | — | — | — | — | 1 | 1 | 1 | 1 | — | 1 | — | — | 1 | 4 |
| 23. Pneumonia | 63 | 1 | 1 | 5 | 2 | 8 | 9 | 26 | — | 9 | 3 | 11 | 3 | 3 | 8 | 37 |
| 24. Bronchitis | 71 | 2 | 1 | 7 | 2 | 11 | 8 | 31 | 2 | 10 | 9 | 5 | 3 | 1 | 10 | 40 |
| 25. Other Diseases of Respiratory System | 37 | — | 2 | 1 | 1 | 6 | 6 | 16 | 2 | 3 | 3 | 11 | — | 1 | 1 | 21 |
| 26. Ulcer of Stomach and Duodenum | 24 | 1 | — | 1 | 1 | 3 | 5 | 11 | — | 4 | 2 | 2 | 2 | — | 3 | 13 |
| 27. Gastritis, Enteritis and Diarrhoea | 9 | — | — | — | — | 1 | 2 | 3 | — | 3 | — | — | 1 | 2 | — | 6 |
| 28. Nephritis and Nephrosis | 13 | 2 | 2 | — | — | 2 | 1 | 7 | — | — | — | 3 | 2 | — | 1 | 6 |
| 29. Hyperplasia of Prostate | 20 | 1 | 1 | 2 | 2 | 1 | — | 7 | — | 1 | 3 | 4 | 1 | 2 | 2 | 13 |
| 30. Pregnancy, Childbirth and Abortion | 1 | — | — | — | — | 1 | — | 1 | — | — | — | — | — | — | — | — |
| 31. Congenital Malformations | 35 | — | 1 | 4 | 1 | 8 | 2 | 16 | — | 5 | 2 | 6 | — | 1 | 5 | 19 |
| 32. Other Defined and Ill-Defined Diseases | 280 | 10 | 3 | 13 | 8 | 57 | 49 | 140 | 6 | 25 | 23 | 37 | 19 | 10 | 20 | 140 |
| 33. Motor Vehicle Accidents | 28 | — | 1 | — | — | 5 | 3 | 9 | 1 | 7 | 2 | — | 2 | 6 | 1 | 19 |
| 34. All Other Accidents | 76 | — | 1 | 8 | 4 | 10 | 12 | 35 | 1 | 13 | 8 | 8 | 2 | 6 | 3 | 41 |
| 35. Suicide | 14 | 2 | — | 2 | 1 | 1 | — | 6 | — | 2 | 1 | 1 | — | 1 | 3 | 8 |
| 36. Homicide and Operations of War | 1 | 1 | — | — | — | — | — | 1 | — | — | — | — | — | — | — | — |

## SECTION 22

## CARE OF MOTHERS AND YOUNG CHILDREN

### Perinatal Mortality

I have drawn attention in previous years to the failure of the stillbirth and neonatal figures—that is "perinatal mortality"—to fall, thereby keeping up the infantile mortality rate for the first year of life as a whole. The trend in stillbirths during the last nine years has been as follows:—

**Stillbirths in Cumberland 1950-1958**

| 1950 | 1951 | 1952 | 1953 | 1954 | 1955 | 1956 | 1957 | 1958 |
|---|---|---|---|---|---|---|---|---|
| 74 | 73 | 70 | 85 | 81 | 99 | 111 | 102 | 80 |

Statistics in a county with a population under a quarter of a million, while of great interest, cannot have great research value, and for this reason I welcomed the opportunity for our midwives as well as the hospitals to participate in the National Birthday Trust Fund survey of all stillbirths and neonatal deaths in the months March, April and May. Information was obtained on previous pregnancies, occupation, ante-natal care during the present pregnancy, including arrangements for observing blood pressure, testing blood and urine, and for X-ray, as well as notes on the labour and the health and fate of the infant. Apart from the post mortem findings it is hoped that from the results of the survey it may be possible to assess the relationship of many of the essentials of good ante-natal care referred to in Ministry of Health Circular 9/56, essentials which can become universal as co-operation is strengthened and the gap lessened between the hospitals, general practitioners and local authorities. In the three months of the survey, 14 stillbirths and 17 neo-natal deaths occurred as follows:—

**Stillbirths and Neonatal Deaths by Month of Occurrence and Mother's Residence: Cumberland, March-May, 1958.**

| Sanitary District of Mother's Normal Residence | Total Births | March | | April | | May | | Total for 3 months |
|---|---|---|---|---|---|---|---|---|
| | | Still births | Neo-natal deaths | Still births | Neo-natal deaths | Still births | Neo-natal deaths | |
| Whitehaven M.B. | 540 | 4 | 4 | 1 | — | 1 | 6 | 16 |
| Workington M.B. | 536 | 1 | 2 | 2 | 1 | — | — | 6 |
| Alston R.D. ... | 53 | — | — | — | — | 1 | — | 1 |
| Cockermouth R.D. | 313 | — | 1 | — | — | 1 | — | 2 |
| Ennerdale R.D. | 575 | 2 | — | — | 1 | — | — | 3 |
| Millom R.D. | 271 | 1 | 1 | — | — | — | — | 2 |
| Penrith R D. | 200 | — | — | — | 1 | — | — | 1 |
| Totals | 2,488 * | 8(4) † | 8(2) † | 3 | 3 | 3 | 6(1) † | 31 |

Footnote:

* This figure shows the total births (live and stillbirths) for 1958.

† Figures in brackets show the number of cases where the confinement took place at home. The remainder were in hospitals or institutions.

It is interesting to note that the 14 stillbirths in the three months of the survey compared favourably with the quarterly average of 19 for the years 1950/54 (after which quarterly returns ceased), during which period the highest and the lowest number of stillbirths were 27 and 12 respectively in any one quarter.

The ages of the 28 mothers in the 1958 survey were as follows:—

**Stillbirths and Neonatal Deaths by Age of Mother. Cumberland: March-May, 1958.**

| | Ages of Mothers | | | | | | Total Mothers | Total Infants |
|---|---|---|---|---|---|---|---|---|
| | 15— | 20— | 25— | 30— | 35— | 40— | | |
| Stillbirths | 1 | 2 | 7(a) | — | 2 | — | 12 | 14 |
| Neonatal Deaths | 1 | 7 | 2(b) | 3 | 2 | 1 | 16 | 17 |
| Totals | 2 | 9 | 9 | 3 | 4 | 1 | 28 | 31 |

Footnote:

(a) This includes two mothers of twins.

(b) This includes one mother of twins.

The causes of stillbirth or neonatal death in the 31 survey cases are set out in the table which follows:—

**Cause of Death or Stillbirth**

| | Neonatal Deaths | Still-births | Total |
|---|---|---|---|
| Prematurity ... ... ... ... ... ... | 7 | 3 | 10 |
| Postnatal asphyxia, atelectasis, etc. ... ... | 6 | — | 6 |
| Congenital malformation ... ... ... ... | 2 | 2 | 4 |
| Birth Injury ... ... ... ... ... ... | — | 2 | 2 |
| Maceration ... ... ... ... ... ... | — | 3 | 3 |
| Intra-uterine death, no apparent cause ... ... | — | 3 | 3 |
| Haemorrhage ... ... ... ... ... ... | 1 | — | 1 |
| Difficult labour with impacted breech ... ... | — | 1 | 1 |
| Pneumonia ... ... ... ... ... ... | 1 | — | 1 |
| Totals ... | 17 | 14 | 31 |

The total number of stillbirths for the year was 80 and causes for 77 of these have been elucidated by a small local survey. They are as follows:—

**Survey of Causes of 77 Stillbirths: Cumberland, 1958.**

| Cause | Full Time | Premature | Total |
|---|---|---|---|
| Congenital malformation ... ... ... ... | 2 | 14 | 16 |
| Toxaemia ... ... ... ... ... ... | 1 | 7 | 8 |
| Haemorrhage ... ... ... ... ... ... | 3 | — | 3 |
| Placental infarct ... ... ... ... ... | 1 | 1 | 2 |
| Prolapse of umbilical cord ... ... ... ... | 2 | 1 | 3 |
| Erythroblastosis ... ... ... ... ... | — | 1 | 1 |
| Hydrops foetalis ... ... ... ... ... | 1 | 1 | 2 |
| Maceration ... ... ... ... ... ... | 6 | 7 | 13 |
| Birth injury ... ... ... ... ... ... | 6 | 1 | 7 |
| Umbilical cord around neck ... ... ... ... | 3 | 2 | 5 |
| Difficult labour with impacted breech ... ... | 1 | — | 1 |
| Difficult labour with rupture of uterus ... ... | 1 | — | 1 |
| Immaturity ... ... ... ... ... ... | — | 6 | 6 |
| Intra-uterine death—no apparent cause ... ... | 7 | 2 | 9 |
| Totals ... | 34 | 43 | 77 |

The following table shows a comparison of the number of stillbirths and stillbirth rate with previous years and with the rate for England and Wales:—

| Year | No. of Stillbirths | No. of Stillbirths per 1,000 total births | Rate-England and Wales |
|---|---|---|---|
| 1951 | 101 | 26.7 | 23.0 |
| 1952 | 94 | 25.0 | 22.7 |
| 1953 | 99 | 27.0 | 22.4 |
| 1954 | 106 | 29.8 | 23.5 |
| 1955 | 79 | 21.7 | 23.2 |
| 1956 | 111 | 29.3 | 23.0 |
| 1957 | 102 | 25.5 | 22.4 |
| 1958 | 80 | 20.4 | 21.6 |

**Causes of deaths of infants under 1 year at different age periods—1958**

| Cause of Death | Age in Weeks 1 | 2-4 | 5-52 | Total |
|---|---|---|---|---|
| Bronchitis ... ... ... ... ... | — | — | 2 | 2 |
| Pneumonia ... ... ... ... ... | 6 | 4 | 4 | 14 |
| Congenital malformations ... ... ... | 11 | 6 | 11 | 28 |
| Injury at Birth ... ... ... ... | 13 | — | — | 13 |
| Post-natal asphyxia, atelectasis ... ... | 19 | — | — | 19 |
| Haemolytic disease of newborn ... ... | 2 | — | — | 2 |
| Prematurity ... ... ... ... ... | 18 | — | 1 | 19 |
| Other causes ... ... ... ... ... | 6 | 2 | 3 | 11 |
| Totals ... | 75 | 12 | 21 | 108 |

**Prematurity**

A premature infant is a live born infant with a birth weight of 5 lbs. 8 ozs. or less, or with a period of gestation of less than 37 weeks. The table which follows shows the weight, place of birth and particulars of survival of children born prematurely in 1958, as well as premature stillbirths.

| Weight at Birth | PREMATURE LIVE BIRTHS | | | | | | | | | | | | | | | PREMATURE STILLBIRTHS | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | * Born in hospital | | | Born at home and nursed entirely at home | | | Born at home and transferred to hospital on or before 28th day | | | Born in nursing home and nursed entirely there | | | Born in nursing home and transferred to hospital on or before 28th day | | | | | |
| | Total | Died within 24 hrs. of birth. | Survived 28 days | Total | Died within 24 hrs. of birth. | Survived 28 days | Total | Died within 24 hrs. of birth. | Survived 28 days | Total | Died within 24 hrs. of birth. | Survived 28 days | Total | Died within 24 hrs. of birth. | Survived 28 days | Born in hospital | Born at home | Born in nursing home |
| (a) 3 lbs. 4 ozs. or less (1500 gms. or less) ... ... | 33 | 14 | 11 | — | — | — | **2** | **1** | **—** | **—** | **—** | **—** | — | — | — | 9 | 5 | — |
| (b) Over 3 lbs. 4 ozs. up to and including 4 lbs. 6 ozs. (1500-2000 gms.) ... | 36 | 3 | 28 | 2 | — | 2 | 4 | 1 | 3 | — | — | — | — | — | — | 5 | 3 | — |
| (c) Over 4 lbs. 6 ozs. up to and including 4 lbs. 15 ozs. (2000-2250 gms.) ... | 37 | 1 | 33 | 3 | 1 | 1 | 2 | — | 2 | — | — | — | — | — | — | 4 | 1 | — |
| (d) Over 4 lbs. 15 ozs. up to and including 5 lbs. 8 ozs. (2250-2500 gms.) ... | 92 | — | 87 | 27 | 1 | 25 | 2 | — | 2 | — | — | — | — | — | — | 8 | — | — |
| Totals ... ... ... | 198 | 18 | 159 | 32 | 2 | 28 | 10 | 2 | 7 | — | — | — | — | — | — | 26 | 9 | — |

* The group under this heading includes cases born in one hospital and transferred to another.

## Ante-Natal Care

Discussions among representatives of the three parts of the National Health Service, as recommended in Ministry of Health Circular 9/56, had already taken place in 1956 in West Cumberland and a further meeting took place in East Cumberland in May, 1958. This meeting was convened by the chairman of the Special Area Committee and was attended by the Senior Administrative Medical Officer of the Newcastle-upon-Tyne Regional Hospital Board, consultant obstetricians of the Special Area, three representatives of each of the Cumberland, Carlisle and Westmorland Local Medical Committees, the medical officers of health of Carlisle Westmorland and this authority, and the superintendent nursing officers from Cumberland and Westmorland. A number of suggestions emerged and a further meeting is contemplated after the publication of the report of the Cranbrook Committee.

## Maternal Mortality

There was one death during the year associated with pregnancy or childbirth, a woman of 25 with existing cardio-vascular disease who died of shock and haemorrhage associated with a miscarriage. This makes a total of 22 maternal deaths in the last 8 years, the annual figure ranging from 1 to 5. The one death in 1958 expressed as the maternal mortality rate is therefore 0.25 per 1,000 live and stillbirths compared with 0.75 last year, which represented 3 maternal deaths. The maternal mortality rate for England and Wales in 1958 was 0.43.

## Clinics

Assistant county medical officers do not carry out ante-natal or post-natal examinations. These are done either at the hospital clinics or by general practitioners at their surgeries, in the homes of patients, or as in the case of Workington, Maryport, Egremont, Frizington, Cleator Moor, in the County Council clinics. Wherever possible the midwife accompanies the general practitioner and midwives undertake relaxation classes at Maryport, Workington, Whitehaven and Seascale. Mothercraft classes for groups of mothers are held at the clinics. Where it is not possible to carry out health education on hospital premises, patients who have booked for hospital are welcomed at the nearest local authority class, as for instance, at Whitehaven. Midwives play a valuable role in following up expectant mothers who default in their attendance at clinics, and for this to be effective there must be good relations between hospitals, general practitioners and midwives.

### Blood Testing

Routine testing of the mother's blood to establish the blood group and exclude the possibility of anaemia and venereal infcction is carried out by the laboratories at the Cumberland Infirmary and Workington Infirmary at the request of gencral practitioners and hospital doctors. In addition in Maryport, Workington, Whitehaven, Frizington and Egremont, midwives carry out blood tests to exclude anaemia by the Lovibond method under the supervision of the family doctors. Four haemoglobinometers havc been supplied for this purpose and the results are very encouraging. In 1958, 110 mothers had their blood tested, 47 showed some signs of anaemia, 83 were given iron therapy and of these, 43 showed definite improvement in the second test. This is a service which could well be extended but it is, of course, entirely dependent on collaboration between family doctors and midwives. The arrangements continue for emergency blood transfusion through the flying squads at the City Maternity Hospital, Carlisle, and Workington Infirmary.

### Unmarried Mothers

There are arrangements for the admission of unmarried mothers to residential accommodation for 6 weeks before and after confinement at Coledale Hall, Carlisle, and St. Monica's and Brettargh Holt at Kendal. The social work entailed in this service is carried out on bchalf of this authority by the Carlisle Diocesan Council for Social and Moral Welfare and the Lancaster Diocesan Protection and Rescue Society, to whom annual grants are made for this work.

The social problems of the unmarried mother and her child are very much in the forefront at this time, and there is scope for case work of a highly specialised nature. It can do no harm to those who take an interest in this field to be remindcd of the remarks of the Chief Medical Officer of the Ministry of Health in his annual report for 1957:—

"Workcrs, whether employed by statutory bodies or voluntary organisations, who are particularly concerned with women in this group, must ask themselves whether the advances in medical and economic ficlds, and especially the greater insight that modern psychology makes available into the needs and feelings of these individuals, have everywhere been followed by the practical application of this knowledge."

### Care of the Premature Infant

An incubator, hot water bottles, and oxygen cylinder are constantly available at the City Maternity Hospital, Carlisle, and the maternity unit at Workington Infirmary. Transport of the hospital midwife and the premature baby equipment is arranged by the county ambulance service.

## Dental Services

The Principal Dental Officer makes the following comments on the dental service for 1958:—

The return of work done for maternity cases and pre-school children shows little change and while it is probable that many of the mothers obtain treatment under the general dental service, it is fairly certain that very little treatment is done for the children. In fact the Ministry of Health suggest that 80% of children up to four years of age do not obtain any treatment. (Report of Ministry of Health, 1957, Part 2, page 174). At the same time a survey carried out in 1956 in certain areas showed that in one area the percentage of caries for four year olds fell as low as 14%, while the average in seven areas was 21% (Monthly Bul. of Ministry of Health, February, 1958, page 33). To say this is disconcerting is to put it mildly and the fact has to be faced that conservation of the deciduous teeth has not yet become recognised as a routine measure. The return of work done in Cumberland suggests that in the majority of cases it is only when pain enters the picture that treatment is sought. Out of 250 cases treated, 178 required a general anaesthetic. Another figure confirms this, that only 134 cases were completed, in short, once the pain is dealt with there is no desire for any further treatment. It is probable that in time parents will begin to realise that the first teeth have a very definite function to perform and that some of them have to remain in position till 12 years of age and thus may be more concerned for them to be saved. The same prejudice of ignorance was very evident in the early days of school work and in 1920 led one parent to ask if her girl aged 6 was not too young for false teeth, when notified that the child required treatment. It is doubtful if such a question would be asked today even by the most unenlightened person, so it can be hoped that in course of time the public will realise that if proper care is taken of the first dentition, there will be less need for the third and, in addition, children will be saved much in the way of discomfort through decayed deciduous teeth. Discomfort as distinct from pain is a very real thing and yet commonly fails to be definite enough to call for attention, resulting rather in the child being "off colour" or irritable, and much dental sepsis may be present in a child's mouth without giving rise to any local symptoms, yet all the while it is steadily undermining the wellbeing of the whole system. How often a parent replies, "But he never complained" when taken to task regarding a mouthful of decayed septic teeth, and again how often the same parent has been worried about the child's health for some time and yet again how often in such cases the elimination of the sepsis clears up the whole condition and gives the child a new look, even if a somewhat vacant one due to lack of teeth!

It is good to see that fluoridation of water supplies is under way and it is hoped that before long it will begin to make real progress, for there is no doubt that it holds out very good prospects of halting in some degree at least the ravages of dental caries in young children, without the need for action on the part of the parents. Unfortunately it will be some years before this can show any results even if it were commenced immediately throughout the whole country, so that parents will still need to be educated and children will still need to be treated until the day arrives when, fluoridation having become universally established, the dentist packs away his unpopular instruments and spends his time admiring perfect dentitions and expatiating on what used to be! It is feared that like most others, this Utopia is a long way off, so the answer seems to be to keep a balance between education and treatment, developing both within the staff resources available.

During the year there have been no changes in the staff of dental officers and it is hoped that early in 1959 another officer will take up duty bringing the total up to 10. This is encouraging and raises hopes for still more additions.

**Numbers Provided with Dental Care**

| | Examined | Needing Treatment | Treated | Made Dentally Fit |
|---|---|---|---|---|
| Expectant and Nursing Mothers ... | 311 | 308 | 298 | 152 |
| Children under Five Years ... | 285 | 250 | 250 | 134 |

**Forms of Dental Treatment Provided**

| | Scalings and Gum Treatment | Fillings | Silver Nitrate Treatment | Crowns or Inlays | Extractions | Gen. Anaesthetics | Dentures Provided: Full Upper or Lower | Dentures Provided: Partial Upper or Lower | Radiographs |
|---|---|---|---|---|---|---|---|---|---|
| Expectant & Nursing Mothers ... | 15 | 156 | — | — | 1573 | 109 | 239 | 55 | 12 |
| Children under Five | — | 48 | 79 | — | 638 | 178 | — | — | — |

**Distribution of Welfare Foods**

During the year ended December, 1958, 13 distribution centres, 2 sub-centres and 102 distribution points were operating. Three points were closed and one new point was opened at Beckermet.

| Total issues to beneficiaries and hospitals, etc. | National Dried Milk (tins) | Cod Liver Oil (bottles) | Vitamins A. & D. (packets) | Orange Juice (bottles) |
|---|---|---|---|---|
| 1954 (half year) ... | 74,348 | 11,782 | 2,169 | 45,478 |
| 1955 ... ... | 145,696 | 25,082 | 6,413 | 113,548 |
| 1956 ... ... | 151,101 | 23,669 | 7,274 | 124,212 |
| 1957 ... ... | 128,219 | 22,517 | 6,920 | 137,336 |
| 1958 ... ... | 115,685 | 15,198 | 6,338 | 89,366 |

There was an over-all decrease in the issues of welfare foods. This may be due to the increased cost of National Dried Milk, (more proprietary brands appear to be bought now), and the fact that orange juice is no longer available for children over two years old. The issues of orange juice remained high last year, because beneficiaries were allowed to use up all the tokens in their old books, and so the effect of the new regulation was not felt until this year.

### Attendances at Child Welfare Centres

During recent years the most significant change in the pattern of infant welfare centre provision in the county has been in the frequency with which sessions are held. This is clearly shown in the following table.

| Year | No. of Centres provided at end of year | No. of child welfare sessions held per month at centre | No. of children who first attended the centre during the year & who at their 1st attendance were under 1 yr. of age | No. of children attending during the year and who were aged:— | | | Total No. of children who attended during the year | Total attendances during the year |
|---|---|---|---|---|---|---|---|---|
| | | | | Under 1 yr. | 1-2 yrs. | 2-5 yrs. | | |
| 1958 ... | 19 | 88 | 1757 | 1326 | 1192 | 1225 | 3743 | 18061 |
| 1957 ... | 18 | 69 | 1754 | 1310 | 1051 | 1056 | 3417 | 14452 |
| 1956 ... | 15 | 59 | 1458 | 1053 | 922 | 964 | 2939 | 11912 |
| 1955 ... | 15 | 58 | 1382 | 975 | 896 | 1103 | 1947 | 11734 |
| 1954 ... | 15 | 65 | 1347 | 933 | 1027 | 1181 | 3141 | 12794 |

## County Council Clinics

At the beginning of the year a small maternity and child welfare clinic was held in the surgery of the nurse's house at Seaton by the health visitor. The average attendance at this clinic was 25-30 infants per session and in February it became evident that more suitable premises would be required to meet the demand and to avoid overcrowding. The Miners' Welfare Hall at Seaton was found to be suitable and a clinic commenced there on 8th May, 1958. This is held on the second and fourth Thursday of each month from 2-0 p.m. to 4 p.m., with a doctor attending every fourth Thursday. As well as meeting the demand locally for clinic facilities, it is also helping to relieve pressure on the central clinic at Park Lane, Workington.

The following table shows attendances made until the end of the year: —

| Under 1 year of age | | Over 1 year of age | | Attendances |
|---|---|---|---|---|
| New Cases | Old Cases | New Cases | Old Cases | |
| 32 | 274 | 23 | 37 | 366 |

Towards the end of the year a start was made on building the new clinic at Flatt Walks, Whitehaven. This building will also contain administrative offices which are at present situated at 102 Scotch Street, Whitehaven. A new clinic and occupation centre at Birdcage Walk, Wigton, was also in course of erection at the end of the year.

The following table lists the maternity and child welfare clinics in Cumberland: —

| Clinic | Address | Date of Clinic | Doctor Present |
|---|---|---|---|
| ALSTON | Cottage Hospital, Alston. | Each Wednesday P.M. | Each Wednesday 2.0—4.0 p.m. |
| ASPATRIA | North Road, Aspatria. | Each Wednesday P.M. | 2nd and 4th Wednesday 1.30—2.30 p.m. |
| BRAMPTON | Union Lane, Brampton. | Each Friday P.M. | 1st and 3rd Friday 1.30—4.0 p.m. |
| CARLISLE | 14 Portland Square, Carlisle. | 2nd and 4th Wednesday P.M. | 2nd and 4th Wednesday P.M. |

| Clinic | Address | Date of Clinic | Doctor Present |
|---|---|---|---|
| CLEATOR MOOR | Jacktrees Road, Cleator Moor. | Each Thursday P.M. | 1st and 3rd Thursday 2.0—4.0 p.m. |
| COCKER-MOUTH | Harford House, Main Street, Cockermouth. | Each Monday P.M. | 2nd and 4th Monday P.M. |
| EGREMONT | St. Bridget's Lane, Egremont. | Each Thursday P.M. | 1st and 3rd Thursday 2.0—4.0 p.m. |
| FRIZINGTON | Council Chambers, Main Street, Frizington. | Each Monday P.M. | 2nd and 4th Monday P.M. |
| KESWICK | 13—15 Bank Street, Keswick. | Each Thursday 1.30—3.45 p.m. | Each Thursday 1.30—3.45 p.m. |
| MARYPORT | 24 Selby Terrace, Maryport. | Each Tuesday P.M. | 2nd and 4th Tuesday P.M. |
| MILLOM | 18 St. George's Rd., Millom. | 1st and 3rd Tuesday P.M. | 1st and 3rd Tuesday P.M. |
| PENRITH | Brunswick Square, Penrith. | Each Tuesday P.M. | 2nd and 4th Tuesday P.M. |
| SEASCALE | St. Cuthbert's Church Hall, Seascale. | Each Thursday 2.0—4.0 p.m. | Alternate Thursdays P.M. |
| SEATON | Miners' Welfare Hall, Seaton. | 2nd and 4th Thursday 2.0—4.0 p.m. | Every 4th Thursday P.M. |
| MIREHOUSE WHITEHAVEN | Valley Clinic, Dent Road, Mirehouse, Whitehaven. | Each Thursday P.M. | 2nd and 4th Thursday P.M. |
| SANDHILLS LANE, WHITEHAVEN | Sandhills Lane, Whitehaven. | Each Tuesday P.M. | Each Tuesday P.M. |
| WOODHOUSE, WHITEHAVEN | Woodhouse, Kells, Whitehaven. | Each Wednesday P.M. | Alternate Wednesdays P.M. |
| WIGTON. | Proctors Row, Wigton. | Each Monday P.M. | 1st and 3rd Monday P.M. |

| Clinic | Address | Date of Clinic | Doctor Present |
|---|---|---|---|
| HARRINGTON WORKINGTON. | Methodist Church Hall, Harrington, Workington. | 1st Thursday P.M. | 1st Thursday P.M. |
| PARK LANE, WORKINGTON | Park Lane, Workington. | Each Wednesday P.M. | Each Wednesday P.M. |

**Family Planning**

The present arrangements for advice on family planning are made through the Family Planning Association who have organised a session at the Park Lane Clinic, Workington, every Wednesday at 6-30 p.m. and intend to offer similar facilities at the clinic at Brunswick Square, Penrith, on 2nd and 4th Thursdays from 1-30 to 2-30 p.m. early in 1959. This Association also provides similar facilities at Victoria Place, Carlisle, on Wednesdays from 1-30 to 4 p.m. under arrangements made with the City of Carlisle. Appointments are usually made on the recommendation of the family doctor direct to the local secretary of the Family Planning Association.

## SECTION 23

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### MIDWIFERY SERVICE

During the year 140 midwives notified their intention of practise. These notifications include 10 whole-time district midwives, 53 midwives working in the maternity department of hospitals in the administrative county, 5 midwives acting independently, and 72 district nurse midwives.

The number of domiciliary confinements undertaken during the year was 1,367.

| | |
|---|---|
| Cases in which a doctor was booked and was present at the confinement | 337 |
| Cases in which a doctor was booked but was not present at the confinement ... ... ... ... ... ... ... ... | 900 |
| Cases in which a doctor was not booked ... ... ... ... | 130 |
| | 1,367 |

| | |
|---|---|
| In addition the domiciliary midwives attended the following cases which were delivered in hospital but discharged home before the fourteenth day of puerperium ... ... ... ... ... ... | 977 |

The following short table shows the position in respect of ante-natal and post-natal visits by midwives covering midwifery and maternity work.

| | |
|---|---|
| Home visits ... ... ... ... ... ... ... ... | 10,477 |
| Attendances at nurses' clinics ... ... ... ... ... ... | 3,732 |
| | 14,209 |

During the year midwives sent for medical help in domiciliary cases on 367 occasions.

#### Gas and Air Analgesia

There is only one midwife in the county who does not hold the gas and air certificate. During the year gas and air analgesia was employed in domiciliary midwifery or maternity by midwives to the extent of 982 cases. This figure shows a slight decrease from the previous year, and of course it has to be remembered that the figure of 982 out of 1,367 domiciliary confinements is not the end of the

story, because in many cases classifiable as doctors' cases the practitioners themselves administer the analgesia. Oxygen resuscitators were used in 34 cases in 1958. There were 55 outfits for use in the county during the year.

### Trilene

During the year 4 trilene inhalers were purchased and have been used in West Cumberland on 11 occasions.

### Pupil Midwives

Since the development of the maternity unit at the Workington Infirmary it has been found possible to increase the take-in of pupil midwives so that there are now 3 pupils obtaining three months district experience with the Council's midwives at Whitehaven and Cleator Moor.

### Postgraduate Courses

In accordance with the rules of the Central Midwives Board, 16 midwives attended the refresher courses during the year at Hull, Leeds, Manchester, Birmingham and Newcastle. One of the Assistant Superintendent Nursing Officers attended the residential postgraduate course for Supervisors of Midwives at Bedford College, London.

## SECTION 24

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### HEALTH VISITING

At the end of the year 21 whole-time health visitors were in post. In the rural areas much of the health visiting is undertaken by 46 district nurses, 13 of whom hold the Health Visitor's Certificate. The remainder continue to be employed under a temporary arrangement from year to year by dispensation from the Ministry of Health.

During the year the health visiting staff paid 28,618 visits to children under 1 year of age, and 33,519 visits to children aged 1 to 5 years.

The health visitors were called upon to take an active part in the poliomyelitis vaccination programme and, with the more selective visiting which is now being encouraged, the number of visits to children are slightly reduced.

#### Health Visitors' Scholarships

During the year the council reviewed the scholarships granted to students attending the health visitor's course. It was decided that the payment made in respect of the nine months' course for the Health Visitor's Certificate to nurses nominated by the council, on the understanding that on the completion of the course they will be bound to the council for two years, should be increased to £420 plus tuition fees, £5 book allowance, and travelling and subsistence allowances while under training. It was further decided that, in future, existing members of the county nursing staff who attend the nine months' course for the Health Visitor's Certificate should receive full salary. These nurses will also receive £5 towards fees, tuition fees, £5 book allowance and travelling and subsistence allowances while under training.

It is hoped that this review of scholarships will improve the recruitment of suitably qualified staff in the future.

#### Postgraduate Courses

During the year 4 health visitors attended postgraduate courses at Oxford and Nottingham.

## SECTION 25

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### HOME NURSING

At 31st December, 1958, there were employed 60 Queen's or State Registered Nurses, 17 State Enrolled Assistant Nurses who are also State Certified Midwives.

| | No. of cases nursed |
|---|---|
| Medical ... ... ... ... ... ... ... | 4,946 |
| Surgical ... ... ... ... ... ... ... | 1,897 |
| Tuberculosis ... ... ... ... ... ... ... | 250 |
| Infectious Diseases ... ... ... ... ... ... | 12 |
| Maternal complications ... ... ... ... ... | 85 |
| Others ... ... ... ... ... ... ... ... | 88 |
| | 7,278 |
| Number of nursing visits paid ... ... ... ... | 134,243 |
| Number of casual visits paid ... ... ... ... ... | 3,656 |
| Total visits | 137,899 |

The number of cases attended in 1958 was 7,278 and the total number of visits, excluding casual visits paid, was 134,243. It is of interest to compare the home nursing figures for 1958 with those of 1953, 1954, 1955, 1956 and 1957.

**No. of Cases Nursed**

| | 1953 | 1954 | 1955 | 1956 | 1957 | 1958 |
|---|---|---|---|---|---|---|
| Medical ... ... | 4,843 | 5,218 | 5,371 | 5,178 | 5,444 | 4,946 |
| Surgical ... ... | 3,130 | 2,772 | 2,575 | 2,316 | 1,935 | 1,897 |
| Infectious Diseases ... | 57 | 61 | 28 | 13 | 16 | 12 |
| Tuberculosis ... ... | 403 | 317 | 316 | 189 | 250 | 250 |
| Maternal Complications | 142 | 87 | 71 | 94 | 112 | 85 |
| Others ... ... | 32 | 27 | 30 | 35 | 24 | 88 |
| | 8,607 | 8,482 | 8,391 | 7,825 | 7,781 | 7,278 |

**No. of Nursing Visits to above Cases**

| | 1953 | 1954 | 1955 | 1956 | 1957 | 1958 |
|---|---|---|---|---|---|---|
| Medical ... ... | 83,061 | 86,832 | 87,983 | 86,372 | 99,007 | 97,337 |
| Surgical ... ... | 40,651 | 35,852 | 35,962 | 29,907 | 29,265 | 30,073 |
| Infectious Diseases ... | 387 | 498 | 581 | 84 | 67 | 81 |
| Tuberculosis ... ... | 10,605 | 8,338 | 8,859 | 5,289 | 6,171 | 5,886 |
| Maternal Complications | 1,101 | 792 | 161 | 570 | 845 | 629 |
| Others ... ... | 285 | 168 | 212 | 715 | 131 | 237 |
| Casual visits ... ... | 4,943 | 5,005 | 4,782 | 5,771 | 6,493 | 3,656 |
| | 141,033 | 137,485 | 138,540 | 128,705 | 141,979 | 137,899 |
| No. of nursing visits to patients over the age of 65 years ... ... | 49,294 | 59,256 | 63,570 | 57,384 | 65,095 | 67,272 |
| No. of nursing visits to children under the age of 5 years ... ... | 8,676 | 7,259 | 4,883 | 4,068 | 4,338 | 3,856 |

The 1958 figures are broken down in more detail in the next table and the trend in the type of work which home nurses are now being called upon to do becomes clearer.

1. Nearly one-half of all nursing visits were made to persons over the age of 65 years, although the number of cases nursed was only one-third of the total. An average of 26 visits were made to each such case.

2. The number of children nursed under 5 years of age accounted for 7.6% of the total with 2.8% of all nursing visits. An average number of 6.8 visits were made to each child.

3. To all other cases an average of 10.1 nursing visits were made. These visits, together with casual visits accounted for 48.3% of the total nursing visits.

4. The number of injections given accounted for 38.2% of all the nursing visits.

## Cases Nursed

| | | | Percentage of total cases nursed |
|---|---|---|---|
| No. of cases nursed over 65 years of age: — | | | |
| Acute ... ... ... ... 907 ) | | | |
| Chronic ... ... ... ... 1,535 ) | 2,571 | ... | 35.3 |
| Cancer ... ... ... ... 129 ) | | | |
| No. of children nursed under 5 years of age ... | 557 | ... | 7.6 |
| No. of cases of cancer nursed, age under 65 years ... | 90 | ... | 1.2 |
| Remaining cases ... ... ... ... ... | 4,160 | ... | 55.9 |
| Totals ... | 7,278 | ... | 100% |

## Total Nursing Visits Paid

| | | | Percentage of total nursing visits paid |
|---|---|---|---|
| Total number of nursing visits to persons over 65 years of age ... ... ... ... ... | 67,272 | ... | 48.9 |
| Total number of nursing visits to children under 5 years of age ... ... ... ... ... | 3,856 | ... | 2.8 |
| Injections: — | | | |
| Streptomycin ... ... ... 7,277 ) | | | |
| Insulin ... ... ... ... 11,602 ) | | | |
| Others ... ... ... ... 24,103 ) | 52,675 | ... | 38.2 |
| Penicillin ... ... ... ... 9,693 ) | | | |
| Remaining visits ... ... ... ... ... ... | 10,440 | | |
| Casual visits ... ... ... ... ... ... | 3,656 | ... | 10.1 |
| Totals ... | 137,899 | | 100% |

There has not been a great deal of difference in the figures as compared with last year. The reason for the high number of casual visits last year has been investigated and some of these were included among the medical cases and have now been included in the nursing figures. The visits to persons over 65 years of age have increased but the demand for nursing children at home has shown a

slight decrease. The number of cases nursed for maternal complications has dropped to 85. The number of cases of cancer nursed has slightly decreased.

Throughout the year staff meetings are held at regular intervals. Lectures are given and the nurses are kept up to date with new techniques and developments in the health services generally.

Four nurses attended postgraduate courses at Cambridge, and the Deputy Superintendent Nursing Officer attended a course on administration at Barnett Hill, London. They all expressed appreciation of having the opportunity of exchanging ideas and information with nursing staff from other local health authorities.

In 1958 student health visitors from Bolton Technical College and student district nurses from Gateshead, Sunderland and Rochdale Training Homes came to Cumberland to gain experience of work in a rural area. This work is developing and gives the nurses an added interest, and also brings the nursing services of Cumberland to the notice of the training schools.

**Ten year review.**

In reviewing this service over the last ten years it is evident that there has been a considerable increase in the work relating to the care of old people. The number of domiciliary visits have increased, as also have the number of old people receiving help through the Home Help Service. The liaison arrangements with the hospitals for visiting the homes of the old people who are on the waiting list for admission to hospitals has brought to notice additional cases who require nursing treatment at home. It is obvious that as the age of the population increases there is likely to develop a greater demand on the home nursing service and it may become necessary to employ additional staff for this work. The possibility of utilising Nursing Aides in this field should be considered for the future.

The following table compares the qualifications held by the nursing staff in 1949 with the year 1958:—

| | 1949 | 1958 |
|---|---|---|
| S.R.N. S.C.M., Q.N. ... ... | 9 | 46 |
| S.R.N., Q.N. ... ... ... | 3 | 1 |
| S.R.N., S.C.M. ... ... ... | 19 | 8 |
| S.R.N. ... ... ... ... | 2 | 5 |
| S.E.A.N., S.C.M. ... ... | 35 | 17 |
| S.E.A.N. ... ... ... | 1 | — |

## HOUSING OF NURSES

At the end of 1958 the houses occupied by district nurse midwives were as follows:—

| | |
|---|---|
| Houses built by the County Council with garage and surgery | 16 |
| Houses bought from the District Associations ... ... | 8 |
| Houses built by the North Eastern Housing Association which have been purchased by the County Council ... ... | 6 |
| Houses rented — North Eastern Housing Association ... ... | 7 |
| Local Housing Authorities ... ... ... | 7 |

During the year a start was made on the building of houses at Dearham and Crosby (Maryport), and work on a further house at Longtown was due to commence at the end of the year.

Further houses are contemplated at Seascale, Brampton, Hayton, Millom (two flats), Bootle and Carleton.

The following table shows the position regarding housing of nurses in Cumberland at the end of the year:—

| Occupiers | Houses owned by County Council | Houses rented from North Eastern Housing Association | Houses rented from Local Authorities | Houses rented privately | Houses privately owned | Flats owned by Council attached to Clinics | Flats owned by County Council |
|---|---|---|---|---|---|---|---|
| District Nurse/Midwife/Health Visitors | 26 | 3 | 6 | 1 | 11 | — | — |
| District Nurse/Midwives ... ... ... | 7 | 6 | 1 | — | 8 | — | — |
| District Nurses ... ... ... ... | — | — | 1 | — | 8 | — | — |
| District Midwives ... ... .. ... | 2 | — | 2 | — | 6 | — | — |
| Health Visitors ... ... ... ... | — | — | — | — | 16 | 4 | 1 |
| School Nurses ... ... ... ... | — | — | — | — | 3 | — | — |
| Nursing Officers ... ... ... ... | — | — | — | — | 3 | — | 1 |

N.B. In a few instances houses are shared by two nurses.

There is a flat attached to Frizington Clinic which is rented to a private individual.

## SECTION 26

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## IMMUNISATION AND VACCINATION

### (a) Diphtheria Immunisation

The number of children under school age immunised against diphtheria during the year was 2,255 and 56 received reinforcing injections. School children receiving primary injections numbered 140 whilst 1,553 were given reinforcing injections. The total immunisations given during the year was 4,004. The total figure includes 2,222 reports of immunisation received from general practitioners. The following table shows the trend in respect of immunisation in the county for the past ten years. The appreciable decline in the total for this year reflects the disturbance in the programme of diphtheria immunisation brought about by the extended programme of vaccination against poliomyelitis.

| | |
|---|---|
| 1958 ... ... ... ... ... | 4,004 |
| 1957 ... ... ... ... ... | 7,127 |
| 1956 ... ... ... ... ... | 5,221 |
| 1955 ... ... ... ... ... | 9,463 |
| 1954 ... ... ... ... ... | 6,880 |
| 1953 ... ... ... ... ... | 6,658 |
| 1952 ... ... ... ... ... | 8,915 |
| 1951 ... ... ... ... ... | 6,489 |
| 1950 ... ... ... ... ... | 7,161 |
| 1949 ... ... ... ... ... | 10,409 |

The immunity index, i.e. the number of children shown as a percentage of the estimated mid-year population, who, at the end of each year, had been immunised within the previous five years or less, is shown on the following table for the years 1954 to 1958.

| | Age of Children | | | |
|---|---|---|---|---|
| Year | Under 1 yr. | 1 to 4 yrs. | 5 to 14 yrs. | Total |
| 1958 ... | 9.69% | 53.35% | 59.27% | 54.72% |
| 1957 ... | 7.80% | 56.92% | 65.84% | 59.46% |
| 1956 ... | 4.33% | 57.09% | 71.5% | 63.15% |
| 1955 ... | 5% | 59% | 74% | 65% |
| 1954 ... | 6% | 63% | 68% | 62% |

No case of diphtheria was notified in Cumberland for the tenth consecutive year, the last notification being received in 1949. From the above table it will be noted that the number of children who are protected against diphtheria has shown a gradual decline from 1955, and there is a very real danger that, unless the acceptance rate is increased, cases of diphtheria will occur in Cumberland as has been the case recently in other parts of England. The facilities for immunisation, either by the child's general practitioner, or in the County Council clinics, are available to all requiring the service; complacency must not be allowed to develop among parents who might think that, because of the absence of the disease in the area, immunisation may no longer be necessary.

**(b) Whooping Cough Vaccination**

Vaccination against whooping cough with plain whooping cough vaccine is now available throughout the county. This procedure can be carried out either in the local authority clinics or by the child's family doctor. Some children are being protected by the use of a combined diphtheria antigen which contains an anti-pertussis element. This type of protection is only available from the general medical practitioner. During the year a total of 2,071 children received protection against whooping cough, 2,059 being in the age range 0 to 4 years. Of the total of 2,071 children who were protected there were 245 who received plain pertussis vaccine and the remainder received the combined antigen. There were 1,894 reports received from general practitioners of vaccination against whooping cough of which a total of 68 were protected with plain pertussis vaccine.

**(c) Smallpox Vaccination.**

Vaccination against smallpox is now offered in the local health authority clinics as well as in the surgeries of the general medical practitioners. It is, however, regrettable to report that the acceptance rate for this vaccination continues to decline. During 1958 there were received 1,760 reports of successful primary vaccinations and 315 reports of revaccination. Of these totals 192 were vaccinated in the local authority clinics. Of the total of 1,760 primary vaccinations, 1,496 were in respect of infants under 12 months, the percentage for successful primary infant vaccination in the county being 39 compared with 41.5 in 1958.

**(d) Poliomyelitis Vaccination.**

In my last report for the year ended 31st December, 1957, I stated that at the end of the year out of a total of 32,996 persons registered for vaccination there were only 2,663 persons who had received two injections of anti-poliomyelitis vaccine, and that at the time of writing, registrations were continuing to be received

in fairly large numbers. The position then was that vaccine was not being received in sufficient quantities. During 1958 I am glad to report that the position improved, so that at the end of the year the situation had resolved itself and this authority had by that time registered 49,422 persons, of whom more than 46,000 had received two or more injections, and over 11,000 mls. of vaccine was held in stock.

The programme for poliomyelitis vaccination developed into two distinct phases during 1958, the first phase being concerned with the actual vaccination of those groups of children and other priority groups who had registered during 1957. The second phase was an extension of the scheme to include all persons born in 1933 or later, together with provision for the giving of a third injection to all persons who had already received two injections.

During 1958 more liberal supplies of vaccine became available. There were rather limited quantities of British vaccine, but an abundant supply of Salk vaccine which had been manufactured in Canada and the U.S.A. This Salk vaccine had been subjected in this country, before distribution, to the same safety and potency tests as were applied to the British vaccine. Later, consignments of Salk vaccine were received which had been tested and licensed for use in the country or origin, but which had not been subjected to further tests in this country.

To deal with the first phase of the work during 1958, it was necessary to enlist the help of part-time medical staff to augment the county medical staff, and at the same time the majority of the general practitioners in the county undertook to vaccinate those persons on their list of patients who requested them to carry out the vaccination. Every possible assistance regarding the administration of the scheme was afforded to general medical practitioners. From the table at the end of this section it will be seen that by the end of the year, thanks to the co-operation of all concerned, the first phase was more or less an accomplished fact. However, as a result of the work involved in giving some 90,951 injections, there is no doubt that other services could not be fully provided. For example, diphtheria immunisation in schools was retarded and the programme of school medical inspections could not be completed.

The second phase developed as a result of the receipt of Ministry of Health circular 20/58 of the 2nd September, 1958. By this circular, provision was made for the extension of the registration to those persons born in 1933 or later, i.e. 10 years beyond the existing upper age limit, and to all hospital staff coming into contact with patients. At the same time instructions were given regarding the administration of a third injection of poliomyelitis vaccine to be offered not less than seven months after the second injection.

The new group included a group of senior children in the grammar and secondary schools. The response from the children in schools was good, but the response from those who had ceased attending schools was far from satisfactory, despite the large amount of publicity which was given to the scheme by way of notices in the press, cinema slides and handbills Sessions for vaccination were held in various centres throughout the county and early evening sessions were introduced. Sessions were also arranged at certain industrial undertakings and factories. In spite of all the efforts made, by the end of the year the acceptance rate of the 15-25 year age group was only 11% compared with an acceptance rate of 80% for school children.

The following table illustrates the position at 31st December, 1958.

**Vaccination against Poliomyelitis—Position at 31st December, 1958.**

| | YEAR BORN | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | 1958 | 1957 | 1956 | 1955 | 1954 | 1953 | 1952 | 1951 | 1950 | 1949 |
| Received three injections | — | 6 | 155 | 179 | 332 | 204 | 214 | 210 | 242 | 244 |
| Received two injections | 313 | 2,190 | 2,518 | 2,499 | 2,254 | 2,499 | 2,743 | 2,815 | 2,875 | 2,905 |
| Received one injection | 105 | 124 | 60 | 47 | 46 | 34 | 36 | 23 | 19 | 19 |
| Awaiting vaccination | 133 | 196 | 131 | 117 | 91 | 100 | 47 | 47 | 37 | 53 |
| TOTAL REGISTRATION | 551 | 2,516 | 2,864 | 2,842 | 2,723 | 2,837 | 3,040 | 3,095 | 3,173 | 3,22 |

| YEAR BORN | | | | | | Born 1942 to 1933 | Expectant mothers | Amb. staff and families | G.P.'s and families | Hospital staff | TOTAL |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 48 | 1947 | 1946 | 1945 | 1944 | 1943 | | | | | | |
| 41 | 255 | — | 2 | 1 | — | 9 | — | — | — | — | 2,294 |
| 21 | 3,298 | 2,744 | 2,297 | 2,619 | 1,993 | 2,819 | 738 | 32 | 137 | 671 | 44,010 |
| 20 | 21 | 24 | 19 | 34 | 50 | 623 | 137 | — | — | 42 | 1,483 |
| 55 | 44 | 39 | 26 | 32 | 128 | 170 | 188 | — | — | 1 | 1,635 |
| 77 | 3,618 | 2,837 | 2,344 | 2,686 | 2,171 | 3,621 | 1,063 | 32 | 137 | 714 | 49,422 |

## SECTION 27

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### AMBULANCE AND SITTING-CASE CAR SERVICE

As part of the continuing survey of the administration of services provided by the department, the Ambulance Service was subjected to an intense review during 1958. In this county all the ambulance vehicles are now owned by the County Council and the question of the provision and equipping of the ambulances is dealt with through the Health Department. Throughout the discussions which involved the Health and Housing Committee and subsequently the County Fire Brigade Committee it was accepted that this is a responsibility which must rest on the County Medical Officer as the medical care of patients is essentially a matter for him.

Although the County Council provide the vehicles they are operated under agency arrangements throughout the county. Generally speaking the agent is responsible for providing drivers and attendants for the ambulances, and for the most part the drivers and attendants are employed by the agent, and not by the County Council. The agent is responsible, in return for an annual payment, both for providing the personnel and for keeping the vehicles clean and in good running order. Questions involving major repair or overhaul are reported to the County Medical Officer who issues instructions.

Whilst the existing arrangements have certain drawbacks associated with the lack of uniformity, there are the following very real advantages:—

1. Ambulances are widely distributed throughout the county and are available in a number of places where otherwise it would not be economical.
2. The personnel engaged in running the ambulances in the more scattered parts of the county, though available 24 hours a day, are not fully engaged in the service, and when not required are otherwise employed, with consequent saving of cost.

At an early stage in the deliberations of the Health and Housing Committee it was considered how far the Fire Brigade Committee could help (a) in the provision and/or (b) in the administration of the service. It was at this point that the Fire Brigade Committee were invited to participate in the discussions. Subsequently it was agreed by both Committees that the most effective contribution could be made by asking the Chief Fire Officer to arrange for periodic overhauls of all the ambulance vehicles.

The following resolution was finally accepted by the County Council and is therefore a statement of its policy and a description of the present pattern of administration:—

1. That with the approval of the Fire Brigade Committee the Chief Fire Officer with his consent be asked to accept responsibility for the periodical examination of ambulance vehicles and verify the need for and the proper execution of any major overhauls or repairs necessary to those vehicles under arrangements to be agreed between the Chief Fire Officer and the County Medical Officer;

2. That the responsibility for the organisation and administration of the ambulance service under existing arrangements continue as at present with the County Medical Officer, but for the time being an Ambulance Officer be not appointed and that within the Health Department the responsibilities under the Medical Officer be dealt with by the Deputy County Medical Officer and the Chief Clerk and his Assistant. These responsibilities by the latter officers to be borne in mind in the review of the establishment of the Health Department.

Although these arrangements did not become effective in the year under review I am satisfied at the time of writing that the participation of the Chief Fire Officer in the examination and maintenance of vehicles is already producing good results.

No change was made during the year in the provision of sitting case cars, which remains entirely in the hands of hire car proprietors who have been approved for that purpose by the County Council. There are at present 81 operators of this service scattered throughout the county. Here again in an area such as Cumberland this arrangement has the very real advantage of making transport swiftly and economically available for the non-stretcher type of patient.

Arrangements for the day to day direction of ambulance vehicles continue to be made through the central office and through the Call-Out Bureaux at Cumberland Infirmary and Whitehaven Hospital. These are staffed by members of the department's clerical staff, each of whom has become skilled in the sometimes complex arrangements necessary to equate maximum convenience to patients with a minimum of cost in operation. They were helped in their work by decisions reached by an Ambulance Liaison Committee of officials representing Local Health and Hospital authorities in the area who meet under the Chairmanship of the Ministry's Principal Regional Officer. Much has been achieved at these meetings in the way of affecting a high degree of co-ordination of service, and one outcome is likely to be the appointment by the Hospital authorities of a Transport Officer at the Cumberland Infirmary.

Since 1948 the Principal Dental Officer, Mr. A. C. S. Martin, has taken a close interest in the administration of the Ambulance Service, and now that he has decided to withdraw from this particular branch of his activities, I should like to pay tribute to him. There can be no doubt that the operational efficiency of the service over the past 10 years has owed much to the drive and enthusiasm which he has infused into it. The operation of an Ambulance Service in such an area as Cumberland has its own peculiar difficulties. Mr. Martin has always had the happy knack of meeting odd situations with highly effective action. To him we owe the smooth working which has characterised this service since the appointed day.

**Vehicle Strength**

At the end of the year the 26 ambulances were deployed as follows:—

| | |
|---|---|
| Whitehaven and District ... ... | 5 |
| Carlisle ... ... ... ... | 3 |
| Workington ... ... ... ... | 2 |
| Millom ... ... ... ... | 2 |
| Penrith ... ... ... ... | 2 |
| Maryport ... ... ... ... | 1 |
| Keswick ... ... ... ... | 1 |
| Kirklinton ... ... ... ... | 1 |
| Alston ... ... ... ... | 1 |
| Cockermouth ... ... ... | 1 |
| Wigton ... ... ... ... | 1 |
| In reserve ... ... ... ... | 3 |
| Stationed at Galemire and Longtown Hospitals ... ... | 2 |
| On loan to St. John Ambulance Brigade for training ... ... | 1 |

Seven vehicles are of the dual-purpose type and they are very well suited to shorter journeys around the built up areas particularly in the west of the County.

The years of the original registration of the ambulances are: —
1933 (one), 1937 (one), 1948 (two), 1949 (one), 1950 (six), 1951 (three), 1952 (one), 1953 (three), 1955 (two), 1956 (two), 1957 (two), 1958 (two).

The vehicle replacement programme continued, and two new stretcher case ambulances were taken into service during the year. I hope to replace the last of the pre-war vehicles during the current year, and with our programme of 2 — 3 new vehicles each year it is hoped soon to achieve a completely modern fleet.

It is interesting to see that the total number of patients carried has fallen. One wonders whether we have perhaps reached the peak of demand for ambulance service under normal circumstances.

All ambulances are fitted with first aid kits and brackets for blood transfusion apparatus, but it has not been the policy to provide oxygen in ambulances. A Stevenson Minuteman resuscitator with extension and facilities for children as well as adults was placed at the Millom ambulance depot as a pilot scheme to test its value for wider use throughout the county. Reports so far suggest that it has been useful in enabling severely anoxic patients to reach hospital in a better condition.

The statistics which follow show the numbers of journeys made, miles run and patients carried during the years:—

| | Ambulances | | | Sitting Case Cars | | | Hospital Car Service | | | Summary of All Services | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Total No. of Journeys | Total No. of Patients carried | Total Mileage | Total No. of Journeys | Total No. of Patients carried | Total Mileage | Total No. of Journeys | Total No. of Patients carried | Total Mileage | Total No. of Journeys | Total No. of Patients carried | Total Mileage |
| Totals for year ended 31st March, 1958 ... ... | 9,600 | 22,950 | 251,710 | 15,207 | 45,393 | 391,874 | 907 | 2,276 | 47,669 | 25,714 | 70,619 | 691,253 |
| Totals for year ended 31st March, 1959 ... ... | *12,487 | 20,578 | 254,543 | 14,255 | 44,698 | 397,582 | 789 | 1,877 | 39,215 | 27,531 | †67,153 | 691,340 |
| Increase for year ended 31st March, 1959, compared with 1957/58 ... | 2,887 | — | 2,833 | — | — | 5,708 | — | — | — | 1,817 | — | 87 |
| Decrease for year ended 31st March, 1959, compared with 1957/58 ... | — | 2,372 | — | 952 | 695 | — | 118 | 399 | 8,454 | — | 3,466 | — |

*Excluding journeys undertaken by other Local Health Authorities.

†Includes 1,010 patients conveyed to County Council Clinics, Occupation Centres, etc.

**Ambulance Section — Civil Defence**

On 31st December, 1958, the total strength of the section at 443, allowance having been made for transfers and resignations, showed an overall increase of 59 volunteers. During the year seven more instructors attended local qualifying courses, and in addition five qualified at Central Home Office courses. In every area the recruitment strength was well above the peace-time establishment and coverage with local instructors was adequate. Driving instruction has again been given during the year to those volunteers best suited for the role of ambulance driver. Once again the section took part in eliminating competitions and the County Rally, as well as exercises with other sections in the Civil Defence Corps, the Army, and the National Hospital Service Reserve.

## SECTION 28

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## PREVENTION OF ILLNESS, CARE AND AFTER CARE

### Tuberculosis

There has been no change in the administration of this service.

**B.C.G. Vaccination of Contacts**

Contacts of tuberculosis cases and nurses received B.C.G. vaccination at the chest clinic in 1958 as follows:—

| | |
|---|---|
| Contacts ... ... ... ... ... ... | 850 |
| Nurses ... ... ... ... ... ... | 19 |

**B.C.G. Vaccination of 13 year old children**

The following is an extract from the return furnished to the Tuberculosis Research Unit of the Medical Research Council for the year 1958:—

| | |
|---|---|
| Estimated total of 13 year old children ... ... ... | 3,509 |

**Details of Mantoux Tests**

| | |
|---|---|
| Screening dose (or concentration) if any: | Not applicable |
| Final dose (or concentration): | 10 TU |
| Tuberculin: | PPD |
| Supplied by: | Ministry of Health |
| Criterion for positive test: | Positive test — 5 mm. induration. |

**Result of Mantoux Tests**

Number of 13 year old children

| | | |
|---|---|---|
| (1) | Tuberculin positive: | 614 |
| (2) | Tuberculin negative: | 1,843 |
| (3) | Vaccinated with B.C.G.: | 1,840 |

**Notifications of Pulmonary Tuberculosis by Sex and Age**

| | 0-4 | 5-9 | 10-14 | 15-19 | 20-24 | 25-34 | 35-44 | 45-54 | 55-64 | 65 and over |
|---|---|---|---|---|---|---|---|---|---|---|
| Males | 4 | 2 | 2 | 5 | 3 | 11 | 12 | 14 | 16 | 17 |
| Females | 2 | 3 | 1 | 8 | 9 | 20 | 20 | 3 | 1 | 2 |

**Notifications**

The following table shows the notifications in Cumberland for 1958 and the preceding years:—

| Year | Pulmonary | Non-Pulmonary |
|---|---|---|
| 1949 ... ... ... ... ... ... | 222 | 32 |
| 1950 ... ... ... ... ... ... | 231 | 48 |
| 1951 ... ... ... ... ... ... | 267 | 46 |
| 1952 ... ... ... ... ... ... | 259 | 45 |
| 1953 ... ... ... ... ... ... | 286 | 46 |
| 1954 ... ... ... ... ... ... | 262 | 57 |
| 1955 ... ... ... ... ... ... | 298 | 33 |
| 1956 ... ... ... ... ... ... | 262 | 27 |
| 1957 ... ... ... ... ... ... | 186 | 34 |
| 1958 ... ... ... ... ... ... | 155 | 27 |

**Deaths**

Deaths from pulmonary tuberculosis for 1958 amounted to 24. Deaths from non-pulmonary tuberculosis amounted to 4.

The following table shows the deaths from pulmonary and non-pulmonary tuberculosis in Cumberland for 1958 and preceding years:—

| Year | Pulmonary | Non-Pulmonary |
|---|---|---|
| 1949 ... ... ... ... ... ... | 107 | 25 |
| 1950 ... ... ... ... ... ... | 101 | 15 |
| 1951 ... ... ... ... ... ... | 80 | 11 |
| 1952 ... ... ... ... ... ... | 43 | 9 |
| 1953 ... ... ... ... ... ... | 44 | 4 |
| 1954 ... ... ... ... ... ... | 26 | 3 |
| 1955 ... ... ... ... ... ... | 24 | 2 |
| 1956 ... ... ... ... ... ... | 18 | 3 |
| 1957 ... ... ... ... ... ... | 21 | 3 |
| 1958 ... ... ... ... ... ... | 24 | 4 |

Pulmonary Tuberculosis — Incidence

Summary of the incidence of pulmonary tuberculosis in Cumberland over the past five years.

| Year | Sources of Information | | | | |
|---|---|---|---|---|---|
| | Formal Notifications | Death returns from local Registrar | Death returns from Registrar General (transferable deaths) | Posthumous notifications | Total |
| 1954 | 262 | 7 | 1 | — | 270 |
| 1955 | 298 | 5 | — | — | 303 |
| 1956 | 257 | 2 | — | 3 | 262 |
| 1957 | 186 | 5 | 2 | — | 193 |
| 1958 | 155 | 6 | 2 | — | 163 |

The control, prevention and ultimate eradication of pulmonary tuberculosis from the community is dependent on the two major preventive programmes. Firstly there is the search for young, susceptible, or infected persons by Mantoux testing of 13 year old children, adults at special risk such as nurses and medical students, and contacts of cases of the disease, followed by vaccination with B.C.G. where natural resistance has not already been acquired, and the statistics of this service are set out below. Secondly there must be an unrelenting search by mass miniature radiography among adults most likely to be unwittingly suffering from the disease. The success of the former is the easier to achieve, being an integral part of the administration of the school health service and the hospital contact scheme. The latter must depend for its completeness upon the co-operation of the individual and here indeed is a challenge to our whole psychology of health education in breaking down past suspicions and ignorance and obtaining the voluntary acceptance by the public as a whole of the preventive outlook on health. In this respect I would draw attention particularly to the Ennerdale Rural District Mass Radiography Campaign which took place in April and May and was the successful result of a great deal of intensive planning and co-ordination of effort by a wide variety of organisations interested in the health of the community. In this campaign 5,923 or 41% of the estimated population were x-rayed, including 2,187 people who had never previously attended a mass X-ray unit. While the campaign did not bring to light many new active cases of tuberculosis it was undoubtedly a useful educational measure and the results confirm evidence available from Mantoux testing of a decline in tuberculosis in Ennerdale which is most encouraging.

The need for co-ordination of these services and for sound personal liaison between health department staff, particularly health visitors and the chest physicians, confirms the advantages of the apportionment of chest physicians' time to the local health authority for the prevention of tuberculosis, and I would like to acknowledge

over the past years the collaboration of Dr. Morton, Chest Physician, East Cumberland, and Director of the Mass Miniature Radiography Unit, and Dr. Hambridge, Chest Physician, West Cumberland, whose reports are printed as appendices to this Report.

### Tuberculosis Aftercare

Beds and bedding and the full range of loan equipment are available on loan to tuberculosis patients and facilities still exist for the erection of portable shelters, though with the change in the treatment of tuberculosis and the curtailment of the convalescent period, the demand is steadily decreasing. Equally important is the authority's collaboration with housing authorities in providing home reports in support of applications for priority housing or rehousing, and also with the children's department in recommending taking into temporary care children of tuberculosis patients who are unable to make other arrangements for their children. Only 10 requests for home helps were received in 1958 from patients with tuberculosis. Over the last five years these requests have never exceeded 20.

### Aftercare of Other Illness

A stock of loan equipment is maintained at the central office in Carlisle for issue to patients who are in need of them on application direct or through the district nurse. These items include wheelchairs (adult and junior), dunlopillo mattresses, commodes, bedpans, rubber sheeting, bed rests, hospital beds, crutches and tripod walking sticks. During the past 10 years the issue of wheelchairs, dunlopillo mattresses and tripod walking sticks has considerably increased. The problem of the paraplegic patient, particularly when combined with incontinence, presents a challenge of co-operation between the hospital rehabilitation facilities, the general practitioner service, the nursing service, welfare authority, and housing authorities where structural alterations are involved to make access for a wheelchair or provide downstairs toilet facilities. To facilitate lifting and bathing of the paraplegic patient whose weight imposes a great strain upon members of the household, a mobile hydraulic hoist has been obtained and is at present in use by a former poliomyelitis victim.

My predecessor reported in 1952 on the need for an occupational therapy scheme. This has not been brought into operation but a limited amount of occupational therapy is provided by visitors from the British Red Cross.

Many of the medical and aftercare problems of the handicapped are discussed at the consultative panel held periodically under the chairmanship of the County Welfare Officer which are attended also by representatives of the education authority, Ministry of Labour, and National Assistance Board.

During the year, 28 suitable cases referred by general practitioners were offered 2 weeks' recuperative holiday at seaside convalescent homes. Patients contributed towards their own maintenance in the homes, after suitable reductions had been made in accordance with the County Council's scales of assessment.

The 28 cases were sent to the following homes:—

| | |
|---|---|
| Silloth Convalescent Home ... ... ... ... | 19 |
| Blackburn & District Convalescent Home, St. Annes-on-Sea ... ... ... ... ... ... | 2 |
| West Hill Convalescent Home, Southport ... ... | 1 |
| Boarbank Hall Convalescent Home, Grange-over-Sands ... ... ... ... ... ... | 6 |
| Total ... | 28 |

## Orthopaedic Treatment

The county's orthopaedic service has now been in existence for more than 35 years. It is particularly interesting to contrast this year's report on the work of the service with that of 1948. It did appear in that year that there would be a falling off in the use made of the Council's orthopaedic clinics. Today, 10 years later, the number of patients on the aftercare register has risen by 50%; the number of attendances at the clinics by 100%; and the number of home visits by 350%.

### Orthopaedic Treatment

#### General Statistics

| | |
|---|---|
| Number on aftercare register 1.1.58 ... ... ... ... ... ... | 685 |
| New cases during 1958 ... ... ... ... ... ... ... ... | 114 |
| New cases notified for physiotherapist only ... ... ... ... ... | 58 |
| Cases re-notified after previous discharge ... ... ... ... ... | 6 |
| Number of cases removed from register ... ... ... ... ... | 152 |
| Number of cases transferred to School Register ... ... ... ... | 99 |
| Number remaining on register at 31.12.58 ... ... ... ... ... | 612 |
| Number of attendances at Surgeons' clinics ... ... ... ... ... | 687 |
| Number of attendances at aftercare clinics ... ... ... ... ... | 1,207 |
| X-ray examinations during 1958 ... ... ... ... ... ... | 108 |
| Waiting for X-ray ... ... ... ... ... ... ... ... | 49 |

| | |
|---|---|
| Home Visits | 704 |
| Plasters applied | 45 |
| Surgical boots and appliances supplied (including insoles) | 230 |

**Orthopaedic Conditions Affecting Children under Five Years of Age**

| | |
|---|---|
| Bow legs and knock knee | 146 |
| Flat foot | 65 |
| Congenital defects of feet and otherwise | 47 |
| Poliomyelitis | 8 |
| Torticollis | 5 |
| Cerebral palsy | 15 |
| Congenital dislocation of the hip | 7 |
| Birth palsy | 3 |
| Scoliosis, lordosis and kyphosis | 2 |
| Postural defects, feet and otherwise | 4 |
| Hallux valgus and deformed toes | 1 |
| Injuries and fractures | 1 |
| Spina bifida | 2 |
| Perthes and coxa vara | 3 |
| Other conditions | 45 |
| | 354 |

**Tuberculosis of Bones and Joints**

| | Adults | School Children | Under 5 years |
|---|---|---|---|
| Totals | 69 | 23 | — |

**Adult Non-Tubercular Orthopaedic Cases**

| | |
|---|---|
| Poliomyelitis | 22 |
| Arthritis | 15 |
| Scoliosis, Lordosis and Kyphosis | 12 |
| Congenital dislocation of the hip | 13 |
| Slipped ephiphysis | 2 |
| Flat foot | 6 |
| Osteomyelitis | 5 |
| Vertebral disc protrusion | 30 |
| Hallux valgus and deformed toes | 7 |

| | |
|---|---|
| Injuries including fractures ... ... ... | 38 |
| Cerebral palsy ... ... ... ... ... | 14 |
| Pseudocoxalgia ... ... ... ... ... | 1 |
| Congenital defects ... ... ... ... | 11 |
| Spina bifida ... ... ... ... ... ... | 2 |
| Achondroplasia ... ... ... ... ... | 1 |
| Paraplegia ... ... ... ... ... ... | 3 |
| Distrophies ... ... ... ... ... ... | 2 |
| Other conditions ... ... ... ... ... | 5 |
| | 189 |

**Hospital Admissions**

| | In hospital at 1.1.58. | Admitted during the year | Discharged | In at 31.12.58. |
|---|---|---|---|---|
| Ethel Hedley Hospital, Windermere (including school children). | 15 | 38 | 39 | 14 |
| Shropshire Orthopaedic Hospital, Oswestry ... ... ... | 5 | — | 3 | 2 |
| Cumberland Infirmary, City General Hospital, Carlisle ... Keswick Hospital (including school children) | 3 | 20 | 21 | 2 |

These figures refer only to patients admitted to hospital from county clinic waiting lists. I have no information about other admissions or waiting lists.

**Prevention of Blindness and Care and After Care of Blind or Partially Sighted Persons**

The welfare of the blind is dealt with each year in detail by the County Welfare Officer in his section of this report.

The following table shows the position in the county for 1958: —

A. Follow up of Registered Blind and Partially Sighted Persons

| | Cause of Disability | | | |
|---|---|---|---|---|
| | Cataract | Glaucoma | Retrolental Fibroplasia | Others |
| (i) Number of cases registered during the year in respect of which Section F of Form B.D.8 recommend:— | | | | |
| (a) No treatment ... ... | 18 | 3 | — | 41 |
| (b) Treatment (Medical, surgical or optical). ... | 21 | 5 | — | 23 |
| (ii) Number of cases at (i)(b) above which on follow-up action have received treatment ... ... ... ... | 7 | 4 | — | 6 |

B. Ophthalmia Neonatorum

(i) Total number of cases notified during the year ... ... ... 2

(ii) Number of cases in which:—

(a) Vision lost ... ... ... ... ... )
(b) Vision impaired ... ... ... ... ) Nil
(c) Treatment continuing at end of year ... )

**Health Education**

The authority in connection with its arrangements under Section 28, seeks to develop health education by all appropriate means. Some of these means are, like health education itself, hard of precise definition. The best means of dissemination of information on health matters is by "incidental" education of the public undertaken by the staff of a health department in the course of their routine duties. If this method is to be effective the information given must be adequate, accurate and up-to-date, and this requires the closest attention to the provision of general inservice "health" training for all grades of staff with the "educators" being allowed ample time and opportunity to bring and keep themselves up-to-date.

There is an increasing public interest in matters of health, stimulated by feature programmes on television and radio and reflected in the national press. Local interest has noticeably increased in recent years as evidenced by very many more requests for "health talks" by doctors, nurses and other members of the staff of the health department. The editors of all the local newspapers in the county take intense interest in health education material with a local slant and

co-operation in this field is quite first class. A start is being made in health education in schools and as future plans for further education develop, thought is to be given to methods of education in healthy living for children of all ages by methods most suited to our own community.

The prevention of disease by the avoidance of the conditions which cause it is not only more satisfactory but also more economical than the treatment of established disease. This is perhaps even more true in the field of mental health than anywhere else and I would contend that improvement here may well be our most important task in the second decade of the National Health Service.

Certain aspects of the formal health teaching are of interest. During 1958, 311 talks were given by the nursing staff on the One-in-Five series, first aid, home nursing and a number of health subjects, including nutrition and kitchen hygiene, care of the feet, dental hygiene, and smoking and lung cancer. Apart from school children, audiences consisted of young wives groups, Women's Institutes, Townswomen's Guilds, Rotary Clubs and youth organisations. For the third year running, lectures on the social aspects of disease were once again given to student nurses by the Superintendent Nursing Officer and her deputy, and further insight into the public health services was obtained in support of the lectures by observation visits to the homes with the district nurses. The monthly talks on emergency midwifery, started in 1957, were given during the winter to members of the police force at the County Police Headquarters.

Additions were made during the year to the stock of health education material which consists of two film strip projectors and screens, 49 film strips, 9 flannelgraph sets, a magnetic board, a washable doll and mothercraft teaching set, a library of books, a three panel pegboard triptych and a wide selection of posters and leaflets on various subjects. With the ever increasing supply of sound films on health education subjects there is a need for a 16 m.m. sound projector.

Ideas in health education change rapidly and it is essential to keep the health educators up to date. The policy of sending members of the nursing staff to a refresher course every five years continued in 1958. The numbers of nurses who voluntarily attend study days and lectures within the county, organised by the Royal College of Nursing and the Royal College of Midwives, provide convincing evidence of their interest and desire to keep well informed and without such enthusiasm the health educator's work cannot thrive.

I have mentioned earlier in this report the need to reduce mortality and morbidity by an attack on the stress diseases, the cancers, the diseases of old age, and the conditions conductive to mental ill-health at all ages. As the causation of

these diseases, which keep up our death rates, are more clearly understood, the role of the health visitor in giving advice and guidance in the home will assume an increasing importance, and as in the care of the expectant mother, so also in the health problems associated with ageing a combined approach by health visitor and general practitioner based on close personal liaison and a mutual understanding of each other's contribution, can be of immeasurable benefit to the patient.

### Smoking and Lung Cancer

Ministry of Health Circular 17/58 asked for a report on the action taken on Circular 7/57 to make known the facts about smoking in relation to lung cancer. The need for a programme of propaganda was accepted and it was felt that efforts should be concentrated on disseminating the information to school children. All available material from the Central Council for Health Education was widely used and flannelgraphs and the film strip "The Problems of Lung Cancer" were used to support talks by health visitors. Organisations for young people were offered speakers and material. To hope for any substantial alteration in the smoking habits of the adult population would be expecting too much and the best hope may lie in obtaining over forthcoming years the co-operation of parents, teachers, youth leaders and other adults to whom children look for an example. It will not be easy to get older school children to believe in the sincerity of this message when in cinemas, on television and poster hoardings they are exposed to the full psychology of modern salesmanship supported by an apparently bottomless purse.

### Accidents in the Home

When Ministry of Health Circular 6/58 was received in February it was decided that apart from any local publicity on the necessity to "guard that fire", every effort should be made not only at the time of the Home Office sponsored campaign in November, but on a long term basis afterwards, to foster and support existing home safety committees and encourage the setting up of new local committees in areas where none already existed.

So far as the campaign itself was concerned, slides and trailers were shown in local cinemas and leaflets and posters were distributed for display in the premises of the health department, county libraries, schools, offices, welfare and registration offices, as well as the offices of rating authorities and gas and electricity showrooms and meeting halls of youth and old people's organisations and other voluntary associations. Stickers were displayed in cars and shop windows and a wide variety of leaflets were distributed to households by Friends of Old People and other persons engaged in home visiting. In this respect I should like particularly to

acknowledge the co-operation of the National Assistance Board, not only in helping to bring the facts about burning accidents into homes visited by them, but by giving sympathetic consideration to individual applications for fireguards by persons in receipt of national assistance. A fireguard "pool" was set up as a continuing service by the Cumberland Old People's Welfare Committee.

The existing home safety or accident prevention committees in Whitehaven, Workington, Maryport and Millom agreed to organise their own campaigns locally, supported by an offer of material and speakers from the health department. New home safety committees were set up in the Cockermouth, Keswick and Penrith urban areas. It is anticipated that the work of accident prevention in general will be continued during coming years by their affiliation to the Royal Society for the Prevention of Accidents and with support from the County Council. The district councils who did not set up local committees at this stage all agreed to co-operate actively in the distribution of publicity material and to give advice in obtaining and fixing fireguards.

**Prevention of Break-up of Families**

The strategic position of the health visitor in spotting early signs of the impending break-up of families was emphasised in Circular 27/54 and the extent to which this preventive work has been done during the last few years has increased. Now that the relationship between a stable family background and the mental wellbeing of the child is coming to be more widely accepted, the justification for this time-consuming work becomes the more obvious. No social worker for the specific purpose, as envisaged in the Circular, has been appointed and a number of field officers go about their own particular speciality, pooling their experiences and results at the periodic meetings of local committees which are based on the county districts and at which the chairman is the district mental officer of health. This has obvious advantages in that he is an officer of the housing authority as well as being an assistant county medical officer. The County Children's Officer and her area officer attend every meeting and there are also representatives of the county health and welfare services, the school attendance service, the probation service, local police, N.S.P.C.C., and when indicated, a representative of the National Assistance Board and mental health and moral welfare workers. Meetings are called as needed by mutual arrangement between the Children's Officer and the County Medical Officer in consultation with the district medical officer of health. During 1958 meetings took place in the Border area, Cockermouth, Maryport, Millom, Whitehaven and Ennerdale, and Workington. The problems to be faced consist mainly of physical ill health or inadequacy of one or both parents. The family is frequently in receipt of National Assistance. Often there is associated

limited intelligence, and inability to budget. Non-attendance at school, inadequacy of clothing and the presence of vermin on children, neglect, minor degrees of crue.ty and low standards of moral behaviour by the parents are commonly met.

Some mothers have never had the opportunity to learn to run their own houses adequately, having lived with relatives or in property of a very low standard with inadequate facilities. The County Council can provide for the admission of selected mothers with their children to the Recuperative Centre at Brentwood.

**Venereal Diseases**

I am indebted to Dr. H. J. Bell, Consultant Venereologist, for his permission to publish the following extracts from his annual report to the Special Area Committee of the Newcastle Regional Hospital Board.

TABLE 1

| | Early V.D. Infections | | Total attendances | |
|---|---|---|---|---|
| Year | CARLISLE | WHITEHAVEN | CARLISLE | WHITEHAVEN |
| 1951 | 65 | 20 | 2,436 | 1,141 |
| 1952 | 51 | 13 | 2,081 | 870 |
| 1953 | 43 | 17 | 1,924 | 976 |
| 1954 | 48 | 18 | 1,461 | 619 |
| 1955 | 48 | 26 | 1,202 | 641 |
| 1956 | 60 | 23 | 909 | 450 |
| 1957 | 45 | 17 | 741 | 362 |
| 1958 | 45 | 22 | 806 | 301 |

The steady fall in "Total Attendances" since 1951 is accounted for by a parallel decline in the numbers of patients attending for antisyphilitic injections. In these years the emphasis has shifted from syphilis to gonorrhoea and non-specific urethritis; diseases which are cured in a short period of time and which entail fewer attendances at the clinic. By contrast, it will be noted that the numbers of early V.D. infections show only minor fluctuations over the same period. The rise in attendances for 1958 at the Cumberland Infirmary and the reduction at Whitehaven is not significant, but is a matter of chance.

The early V.D. infections include fresh cases of gonorrhoea and non-specific urethritis, along with syphilis in the early infectious stages. The ' New Cases Seen for the First Time ' listed in Table 2 below include these infections, plus all the other types of fresh cases which are not officially listed as venereal by the Ministry of Health: —

TABLE 2

| Year | New Cases Seen for the First Time (V.D. and Non-V.D.) | |
|---|---|---|
| | CARLISLE | WHITEHAVEN |
| 1951 | 293 | 154 |
| 1952 | 274 | 95 |
| 1953 | 250 | 92 |
| 1954 | 219 | 87 |
| 1955 | 168 | 74 |
| 1956 | 136 | 78 |
| 1957 | 173 | 61 |
| 1958 | 191 | 45 |

It is seen that there has been a marked reduction in new cases in recent years at Whitehaven, but at Carlisle there has been an up-swing again since 1956. When these figures are analysed under their disease headings and graphs constructed, the trends are easy to follow. The changes are the result of almost similar variations in the numbers of non-venereal cases, with only minor variations in the case of gonorrhoea and non-specific urethritis. At Whitehaven, the totals for gonorrhoea and non-specific urethritis have remained much the same but, at Carlisle, there has been a small, but steady and persistent rise for the last four years. The rise continued into the early months of 1959.

Although this short analysis may be of interest for its own sake it does not give any information regarding the incidence of V.D. in Cumberland, and this is precisely what we must know in view of the abrupt change in the V.D. figures for the country as a whole, especially those of gonorrhoea. Statistics from the Ministry of Health have shown a significant increase in the totals of gonorrhoea and non-specific urethritis over the period since 1951. Urethritis incidence was even greater than that of gonorrhoea in 1955, but since then the gonorrhoea figures have climbed steadily higher and the Ministry have become so alarmed at the startling increase in this disease in England and Wales during the preceding 24 months, that they have recently circulated local health authorities, Regional Hospital Boards and Hospital Management Committees to enlist their help in controlling the infection. But, because of the extent of general practitioner participation in the treatment of gonorrhoea in our area of the country, we can have no idea whether the threat reported elsewhere will be of importance here or not. The figures are just not available.

As long ago as 1952 I wrote in my Report to your Committee that there would be trouble to come if the family doctor were to take over the work of the

Specialist in Venereal Diseases. In the Report for 1955 you will find the following paragraphs: —

> 'As I have pointed out in recent Reports, it is no longer possible to make an analysis of the incidence of the various types of venereal disease in the County from a study of the figures compiled at the Clinics.
>
> My personal impression is that gonorrhoea is as rife as ever it was and I feel sure that this situation will continue in spite of the efficiency of modern antibiotics. The important consideration here is that there exists a reservoir of female infection which comes under treatment neither at the hands of the general practitioner nor the doctor at the Clinic. From this point of view, gonorrhoea is still an uncontrolled disease, and may remain so.'

A woman afflicted with gonorrhoea is normally unaware of her condition, unless serious complications result. She does not, therefore, consult any doctor. The man so afflicted very soon becomes aware of his infection and seeks treatment at once. If the family doctor treats cases of gonorrhoea then, it is only the males he looks after, and the females are neglected. No Public Health Authority would attempt to control an epidemic of infectious disease if it found itself forbidden supervision of the treatment of original cases and examination of contacts. A logical step in any such procedure would be to make gonorrhoea a notifiable disease.

The Public Health (V.D.) Regulations of 1916 produced in this country the finest V.D. Service in the world, and bred a body of medical experts who regarded themselves not merely as clinicians but as part of the Public Health system. They were closely integrated with the administration of the local Medical Officers of Health and were as active in the control of the venereal diseases as in their diagnosis and treatment. All this seems to have been forgotten in the new Health Service. It had been assumed that the new antibiotics alone were sufficient to control V.D. This led to a good deal of mischievous and uninformed opinions reporting that the day of the V.D. Clinic was past. Clinics have been shut down and retiring venereologists have not been replaced. Obviously we have been guilty of wrong thinking and these optimistic forecasts were premature.

My recommendation would be to follow a wait-and-see policy over the next six months. If the situation deteriorates there should be a conference attended by the Public Health Authorities, representatives from your Committee and myself to decide on local policy. Meantime, no doubt the Ministry will continue to review the problem and issue recommendations from time to time.

Finally, I append a Table showing the origin of fresh cases as they were distributed between Carlisle and Whitehaven in 1958: —

| Town or Area | To Carlisle Clinic | To Whitehaven Clinic | Total |
|---|---|---|---|
| FROM: | | | |
| Carlisle and suburbs | 120 | — | 120 |
| Aspatria | 3 | — | 3 |
| Brampton | 6 | — | 6 |
| Chapel Cross Camp | 3 | — | 3 |
| Cleator Moor | 1 | 4 | 5 |
| Cockermouth | 1 | 2 | 3 |
| Distington | — | 3 | 3 |
| Dumfriesshire | 8 | — | 8 |
| Egremont | — | 1 | 1 |
| Frizington | 1 | — | 1 |
| Longtown | 2 | — | 2 |
| Maryport and area | 5 | 3 | 8 |
| Millom | — | 8 | 8 |
| Penrith and area | 17 | — | 17 |
| Sellafield Camp | — | 1 | 1 |
| Shap and Westmorland | 3 | — | 3 |
| Spadeadam Camp | 6 | — | 6 |
| Whitehaven | 1 | 7 | 8 |
| Wigton | 1 | — | 1 |
| Workington and area | 6 | 9 | 15 |
| Glasgow and others | 7 | 7 | 14 |
| | 191 | 45 | 236 |

## SECTION 29

---

### HOME HELP SERVICE

There has been no change in this service. The statistics are as follows, together with comparative figures for previous years.

Home Helps: —

| | |
|---|---|
| No. of home helps accepted and enrolled on the register at 1st January, 1958 ... ... ... ... ... ... | 226 |
| No. of home helps accepted during year ... ... ... | 44 |
| | 270 |
| No. of home helps resigned during year ... ... ... | 41 |
| No. of home helps at 31st December, 1958 ... ... ... | 229 |

Districts in which the home helps reside:—

| | 1958 | 1957 | 1956 | 1955 | 1954 |
|---|---|---|---|---|---|
| Alston ... ... ... ... ... ... | 11 | 10 | 8 | 10 | 7 |
| Aspatria ... ... ... ... ... | 15 | 18 | 17 | 15 | 16 |
| Border Rural ... ... ... ... ... | 45 | 44 | 37 | 35 | 37 |
| Cockermouth ... ... ... ... ... | 2 | 3 | 3 | 4 | 4 |
| Ennerdale Rural ... ... ... ... | 31 | 24 | 20 | 20 | 19 |
| Keswick and Threlkeld ... ... ... | 7 | 6 | 5 | 4 | 1 |
| Maryport, Dearham and Gt. Broughton ... | 12 | 16 | 16 | 15 | 19 |
| Millom and district ... ... ... ... | 15 | 16 | 10 | 6 | 8 |
| Penrith and Penrith Rural ... ... ... | 16 | 17 | 12 | 20 | 18 |
| Silloth ... ... ... ... ... ... | 13 | 13 | 11 | 11 | 11 |
| Whitehaven, Distington and St. Bees ... ... | 13 | 14 | 14 | 9 | 11 |
| Workington ... ... ... ... ... | 22 | 19 | 20 | 17 | 11 |
| Wigton and Mealsgate ... ... ... ... | 17 | 16 | 14 | 16 | 18 |
| | 229 | 226 | 198 | 182 | 180 |

| Householders:— | | | | | |
|---|---|---|---|---|---|
| No. of applications received for home helps ... | 455 | 469 | 479 | 487 | 455 |
| No. cancelled or not supplied ... ... ... | 175 | 187 | 169 | 203 | 175 |
| No. of new cases helped ... ... ... | 268 | 264 | 296 | 258 | 265 |
| No. of cases on books 1st January ... ... | 414 | 342 | 317 | 253 | 236 |
| Cases pending ... ... ... ... ... | 17 | 18 | 14 | 25 | 36 |
| Analysis of cases helped:— | | | | | |
| Confinements ... ... ... ... ... | 45 | 56 | 73 | 55 | 79 |
| Tubercular cases ... ... ... ... | 10 | 11 | 19 | 19 | 16 |
| Old age and infirmity ... ... ... ... | 391 | 329 | 304 | 230 | 190 |
| Mental health ... ... ... ... ... | 3 | 1 | 2 | 2 | 3 |
| Cardiac ... ... ... ... ... ... | 56 | 48 | 49 | 48 | 45 |
| Blind ... ... ... ... ... ... | 22 | 28 | 30 | 21 | 13 |
| Cancer ... ... ... ... ... ... | 5 | 1 | 2 | 2 | 3 |
| Illness or long duration (cerebral haemorrhage, rheumatoid arthritis, etc.) ... ... | 91 | 51 | 48 | 56 | 67 |
| Illness of short duration (post operative, influenza,, etc.) ... ... ... ... | 59 | 51 | 48 | 56 | 67 |
| | 682 | 606 | 613 | 510 | 501 |

In each area meetings of home helps are held at which problems are discussed. In addition visits have been paid as follows: —

| | |
|---|---|
| To householders ... ... ... | 1,278 |
| home helps ... ... ... | 800 |
| | 2,078 |

## SECTION 51

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### MENTAL HEALTH SERVICE

The mental health service, relatively neglected on a national scale both in its medical and social aspects for many decades, at last promises to assume the importance which it deserves. The Royal Commission which was appointed to enquire into the Law Relating to Mental Illness and Mental Deficiency not only carried out its monumental task with a courage which earned general acclaim from all quarters but, by the publication of its recommendations, set in motion a surge of positive and rapid development which seemed all the more necessary by the obvious desirability of the "new look" in mental health. The Mental Health Bill, consolidating and amending the present Lunacy, Mental Treatment and Mental Deficiency Acts and largely implementing the Royal Commission's recommendations, is expected shortly to become law and will set the pattern of the service for many years to come. It is gratifying to note that the Government has expressed its willingness to implement those recommendations of the Royal Commission which can be effected under present legislation and without awaiting the conclusion of the Parliamentary procedure involved in the passing of a lengthy bill.

The shift of emphasis from hospital to community care, the development of preventive services, including the provision of a much wider range of training facilities for all types of mentally disordered patients, and the establishment of residential hostels which are foreshadowed, all serve to indicate the rate at which the mental health services of the local authority are expected to develop in the near future. Here I feel that a note of caution must be sounded. For many years, both my predecessor and myself have drawn attention to the difficulty which local health authorities throughout the country have experienced in recruiting adequately trained and experienced workers for the mental health service. There is no doubt that unattractive salaries and promotion prospects (coupled in some cases with undesirable working conditions) have not helped to encourage recruitment to the service, but by far the greatest drawback has been the complete absence of a nationally agreed scheme of training and the resulting inadequacy of tutorial facilities at our universities.

These staffing difficulties, accompanied by the absence of training standards, prompted many local health authorities to devise their own methods of "in service" training, and Cumberland's schemes along these lines now provide for the "in service" training of general mental health workers and a scholarship scheme for the

further training of suitably experienced social workers for the more exacting duties of psychiatric social work.

I feel that our first duty as a local health authority in the mental health service of the future is to provide a community care service which will enable the mentally disordered (with support) to remain in the community or, if admission to hospital should be required for active treatment, the community care service should be so developed as to enable the patient to return to community life as quickly as possible. The rate at which this highly desirable and necessary service can be provided depends very largely on staff. Most health authorities cannot find a sufficient number of field workers for their present needs and I venture to suggest that the speed with which local health authorities' mental health services don the "new look" will be governed not so much by the availability of finance for the development of residential accommodation and training centres as by the success in recruitment and training schemes.

**Administration**

No change has been made in the administrative machinery by which the local health authority's mental health services are carried out, details of which have been published in previous annual reports.

There have been no staffing changes in the mental health section of the department during the year under review. To cope with increasing case loads the establishment was increased (as from 1st April, 1959) by one mental health worker. The post of psychiatric social worker which has been vacant for four years is still unfilled, although we retain the services of a part-time social worker, who is not psychiatrically trained, as being the only practicable alternative.

In an attempt to overcome the staffing difficulties which beset the mental health section and in anticipation of an inevitable expansion of community care work in the mental health field, the Council has approved two schemes for the training of staff. A scholarship is to be offered to candidates with the requisite basic qualifications and experience of social work to enable them to undertake a further academic year's university course to qualify for duties in the specialised field of psychiatric social work. The second scheme provides for the "in service" training of mental health workers, the training to consist of a syllabus of private study, practical field work in the community with experienced officers, attendance at selected lecture courses both at the mental hospital and a mental deficiency hospital and practical instruction at hospitals and out-patient clinics, followed by a relatively short academic course at Leeds University. Students who qualify for appointment to the mental health staff as a result of these training schemes will be

expected to remain in the service of the County Council for a minimum period of two years. I must again emphasize that these local schemes have been devised because of a national shortage of adequately trained and experienced officers, with which must be coupled successive delays in the formulation of schemes of training. From whatever sources the recruits of the future derive, whether as a result of local "in service" schemes or as a result of some nationally agreed standard of training, the rate at which staff with even a basic academic training become available for service will be much slower than the demand for their services.

**Work undertaken in the Community**

(a) Under Section 28 National Health Service Act, 1946.

It is extremely difficult to delineate between what is done in the mental health field under the National Health Service Act or, for example, the Mental Deficiency Acts. General socio-medical work carried out in respect of mental defectives could be regarded as being care or after-care of such persons (Section 28, National Health Service Act, 1946). Equally, of course, these duties could well be said to come within the ambit of Section 30 of the Mental Deficiency Act, 1913, which includes among the local health authority's duties, the provision of suitable supervision for ascertained defectives.

The preventive and after-care services of the local health authority in relation to mental illness can only be carried out under Section 28 of the National Health Service Act and these functions are not mandatory but only permissive in that the Minister of Health has so far not issued any direction to local health authorities that they shall undertake such work.

The Royal Commission which was appointed to enquire into the Law relating to Mental Illness and Mental Deficiency reported that the provision of community health and welfare services for mentally disordered patients (other than defectives) is permissive only and recommended, in order to achieve the necessary expansion of community mental health services throughout the country, that their provision for all groups of patients should be made a positive duty. This could be achieved by a ministerial direction under existing powers and without new legislation.

Once more I must draw attention to the contribution made to the preventive and after-care services in mental health by officers of the local authority whose primary employment is not in the field of mental health (e.g. health visitors, school nurses, staffs of the Children's and Welfare Departments, etc.) and by the many organisations and voluntary associations who, by their helpful co-operation, supplement this necessary community service.

(b) Under the Lunacy and Mental Treatment Acts, 1890-1930.

During 1958, 412 Cumberland patients entered mental hospitals for treatment, and of these, all but 12 were admitted to Garlands Hospital. Only in 69 cases (approximately 15% of the total) was the entry to hospital arranged by a legal process involving powers of detention and necessitating the entry of the local health authority's officers. It is pleasing to record that the proportion of patients entering the mental hospitals for treatment on a voluntray and informal basis continues to increase. With the changing attitude to the problem of mental illness it is now realised that treatment of such an illness does not necessarily require power to detain the patient in hospital. In consequence, the introduction of a legal flavour to what is primarily a medical matter (by invoking statutory procedures for detention) is becoming less necessary as the years go by.

(c) Under the Mental Deficiency Acts, 1913-1938.

(1) ASCERTAINMENT. The following table analyses the new cases officially ascertained during 1958 as being defectives within the meaning of the Mental Deficiency Acts: —

(i) Defectives "subject to be dealt with"

| | Male | Female |
|---|---|---|
| (a) Reported by Education Authority as ineducable (Sections 57(3) and 57(4) Education Act, 1944) ... | 8 | 5 |
| (b) Reported by Education Authority as requiring supervision on leaving school (Section 57(5) Education Act, 1944)— | | |
| (i) on leaving special schools ... ... ... ... | 9 | 2 |
| (ii) on leaving ordinary schools ... ... ... | 1 | — |
| (c) Referred by Police or Courts ... ... ... ... | 3 | 1 |
| (d) Referred from other sources ... ... ... ... | 5 | 7 |
| Total "subject to be dealt with" ... ... ... | 26 | 15 |
| (ii) Defectives not at present "subject to be dealt with" ... | 2 | 1 |
| | 28 | 16 |

During the year 278 cases were referred to the mental health section for some form of investigation and/or treatment. Apart from those officially ascertained as defectives, 91 children were referred to the child guidance centres for further investigation and treatment of maladjustment or behaviour disorders. A

further 61 children were reported to the education authority as requiring some special form of educational treatment (following formal examination for the purpose of Section 34 of the Education Act, 1944) because of educational sub-normality, maladjustment or physical handicap, or because of a combination of such handicaps.

(2) SUPERVISION AND GUARDIANSHIP. The total number of defectives within the jurisdiction of the local health authority at the end of the year under review was 681. Of these, 346 were under hospital care, the balance of 335 remained under care in their own homes supplemented by supervision by officers of the local health authority. The following table shows the number of defectives under various forms of domiciliary care (as distinct from those in hospital) at the end of each year since 1948: —

| Year | Guardianship | Statutory Supervision | Voluntary Supervision | Total |
|---|---|---|---|---|
| 1948 | 72 | 99 | 23 | 194 |
| 1949 | 66 | 119 | 52 | 237 |
| 1950 | 62 | 135 | 45 | 242 |
| 1951 | 60 | 152 | 42 | 254 |
| 1952 | 54 | 183 | 37 | 274 |
| 1953 | 49 | 207 | 36 | 292 |
| 1954 | 48 | 193 | 37 | 278 |
| 1955 | 47 | 219 | 34 | 300 |
| 1956 | 46 | 216 | 39 | 301 |
| 1957 | 41 | 236 | 38 | 315 |
| 1958 | 6 | 287 | 42 | 335 |

It is interesting to compare the figures for 1948 with those for 1958. Ten years ago, out of a total of 480 ascertained defectives only 194 (40% of the total) were receiving help and guidance in their own homes. By the end of 1958 there is not only a significant increase in the total number of ascertained defectives (from 480 to 681) but the proportion under supervision at home (rather than in hospital) had increased to almost exactly 50% of the total. If we look at the statistics from another angle we can say that the case load of domiciliary cases has increased by 73% since 1948, whereas the number of patients under hospital care has only increased by 21% during the same period. This, of course, should not be taken as being indicative of a higher incidence of innate retardation of intellect in the community, but rather as a reflection of the results of an energetic and continual programme of ascertainment. The mental health section of this authority is in a better position than some other authorities to ensure that those requiring support and guidance because of a deficiency of mind are enabled by ascertainment to

receive the help which can be given as soon as the need is recognised, and without waiting for the development of some kind of social difficulty. This is because of its direct concern on behalf of the education authority in the problems of backwardness of all degrees.

If we look at the total case-load in some detail it will be noted that the number of cases "subject to be dealt with" under the Mental Deficiency Acts, and therefore receiving statutory supervision, has nearly trebled in the past ten years. Equally significant is the reduction in the number of patients subject to an Order of Guardianship. For many years we have had doubts as to the additional value in the shape of greater protection for the patient which is alleged to accrue from the taking out of a Guardianship Order. For this reason, coupled with the extreme difficulty of finding persons who were willing and suitable to undertake the onerous duties of the role of guardian, the number of patients newly admitted to guardianship during the past ten years has been virtually nil. The total number of patients remaining within this form of supervision fell from 72 in 1948 to 41 by the end of 1957 because of deaths, transfers to institutional care and similar reasons. The dramatic fall in numbers from 41 to 6 within the last year was largely the result of an instruction by the Minister that local health authorities should review all guardianship cases and recommend the discharge of Orders in those cases where less formal supervision would suffice. Each case was very carefully considered and, bearing in mind that it is our experience that adequate supervision can generally be afforded with no detriment to the patient and without the legal involvements attached to an Order of Guardianship, the Board of Control on the recommendation of the authority discharged the Orders in 29 cases. All these patients continue to be supervised by officers of the local health authority under very similar conditions as before, the only material change being the discontinuance of the legal and administrative facets which are inherent in a guardianship provision.

I have commented in previous reports on the value of the scheme of short-term care in hospital which was authorised by the Ministry of Health by circular in 1952. In these days when we have almost come to accept as inevitable and unending the difficulties caused by inadequacy of hospital accommodation for the mentally defective, the fact that, under critical domestic conditions, it is usually possible to transfer a patient from home to hospital for temporary care until the domestic crisis is resolved, is obviously a tremendous asset to the success of an effective community care service. Once more it is my pleasure to record the help which is afforded in this matter by Dr. Ferguson who, in 1958, admitted patients for temporary care to Dovenby Hall Hospital on 33 occasions, involving 26 different patients. The total number of patient-days under this scheme totalled 1,580 during 1958 but no bold figures can truly represent the value of this service

in its proper terms of critical domestic situations promptly (if only temporarily) resolved.

(3) OCCUPATION AND TRAINING. The local health authority's duty under present legislation is to provide suitable training for mental defectives of all ages, but in the development of this service, the emphasis has obviously been directed towards the provision of adequate training facilities for children of school age who have been excluded from the educational system because of mental retardation. The Royal Commission recommended, and the Mental Health Bill proposes, the extension of the range of training to include all persons coming within the new definition of "mentally disordered".

So far as the training of defectives is concerned I think we can claim to have made very satisfactory progress in the ten years since the present form of mental health service was established, particularly when the geographical difficulties of Cumberland are borne in mind. Part-time training centres for defective children were first established in 1950 — at Whitehaven on three days a week in February, 1950, and at Maryport on two days a week from July, 1950. There was also a handicraft class for stable adult female defectives held on two afternoons each week in Workington. By the end of 1950, 17 children were receiving part-time training and five adults were attending the handicraft class. By the end of 1958 whole-time centres operating for school hours and for terms corresponding with those of primary schools had been established at Whitehaven and at Wigton and an arrangement had been made with the City of Carlisle for the attendance of county children living in the area immediately surrounding Carlisle to attend the Kingstown Centre. A total of 46 defectives were receiving whole-time training.

To illustrate the development of day training centres, total attendances at such centres during 1951 (as being the first complete year in which such services were available in Cumberland) amounted to 1617 days and the corresponding figure in 1958 was 7104. Because the demand for this form of training was outstripping the capacity of the accommodation available an extension at the Whitehaven Centre was in course of erection and at Wigton a purpose-built training centre was nearing completion to replace inadequate rented accommodation. Whilst these training centres provided facilities for trainable children living within a reasonable catchment area of each centre, it was obvious that children living in many areas of the county could not attend the centres even if very heavy transport costs were accepted because of the distance from their homes to the nearest centre. At the same time there was no possibility within the foreseeable future of there being a sufficient demand in any locality not already served by day training facilities for the establishment of another day training centre. With this problem continually

before us it was very fortunate that one of the Children's Homes (Orton Park) was to become vacant as a result of the policy of the Children's Committee to move away from the larger premises to smaller family unit type homes. The Council's proposals under Section 28 of the National Health Service Act were amended to enable the authority "to provide, where necessary, either directly or otherwise, residential accommodation for persons who are mentally disordered but who are not in need of hospital treatment or care . . . " and approval was given by the Council to the taking over of Orton Park from the Children's Comm.ttee for use as a residential hostel. The actual date of take-over proved ultimately to be the 1st April, 1959, and at the time of writing 6 children, most of whom have previously been unable to attend a training centre because of the inaccessibility of their homes, are in residence at Orton Park and attending the Wigton Centre daily. This hostel will provide residential facilities for about twenty such children who will live at Orton Park either from Monday to Friday of each week or for a whole school term (depending on the complexity or expense of the journey from their home to Orton Park) and attend the day training centre at Wigton, alongside children attending the centre from their own homes. This scheme is an outstanding development of our training facilities and, in spite of the quite unusual nature of our county, with its large area and relatively small population scattered in small pockets at large distances from each other, will enable us to offer training for any defective child of school age living within the county for some time to come. This scheme for the provision of residential facilities was introduced to meet a training need which is peculiar to rural areas but, by its accomplishment, we can feel some sense of satisfaction not only in securing a necessary development of the service, but in anticipating the subsequent recommendation of the Minister of Health in a circular dated May, 1959, that hostels of this type should be provided whenever the alternative to day training would be admission to hospital or inability to provide the conditions of training.

Mention must also be made of the influence which the provision of day training facilities has on the demand for hospital beds. Until a comprehensive scheme of day training is in operation there will always remain an extra demand for the admission of trainable defectives to hospital purely for training purposes. It is obviously to be preferred that the defective remain at home (always assuming that care and supervision in the home are adequate) if facilities exist for a regular training at day centres. The training of defectives in their own homes by peripatetic teachers has been tried on an experimental basis but has been discontinued not only because of the extreme difficulty of securing the services of adequately trained staff for this purpose but also because the expense of providing minimal training has not been thought economical in the light of the benefits accruing to the patients.

**Institutional Treatment**

The domiciliary mental health services of the local health authority are inextricably linked with the facilities for in-patient treatment which is the responsibility of the Regional Hospital Boards. Since the principal Mental Health Act of 1913 it has not been legally possible to admit patients to mental deficiency hospitals for long-term treatment except by a process of medical certification, coupled in the vast majority of cases with a statutory Order authorising powers of detention in hospital. The Royal Commission reported that it could see nothing in the existing legislation to prevent the informal admission of patients to mental deficiency hospitals. The Minister of Health, in consultation with the Board of Control, agreed that under present law informal admission is permissible and issued a circular expressing the hope that admission without using procedures authorising detention would in future be regarded as the normal method of admission except when the patient or the nearest relative objected to admission or in any other circumstances in which it is necessary for the hospital to have authority for detention. This administrative action by the Ministry, I would suggest, has had a greater impact on mental health procedure than any other single item since the Mental Health Act, 1930, introduced the scheme of voluntary admission of the mentally sick to mental hospitals. This circular which was issued in January, 1958, also asked hospital authorities to review their patients and recommend the discharge of Detention Orders in all cases in which they were satisfied that the patient could suitably remain in hospital without being the subject of detention.

By the end of 1958, 346 patients from the county were in mental deficiency hospitals or on licence therefrom. The following table shows the bed occupancy for Cumberland patients at the various hospitals (in column 1) and the numbers of those patients who were resident on an informal basis (in column 2): —

| | Total | Informal |
|---|---|---|
| In the area of Newcastle Regional Hospital Board: — | (1) | (2) |
| Dovenby Hall Hospital, Cockermouth ... ... ... | 248 | 36 |
| Durran Hill House, Carlisle ... ... ... ... ... | 7 | — |
| Aycliffe Hospital, Heighington, Darlington ... ... ... | 8 | — |
| Morpeth and Northgate District Hospital ... ... ... | 4 | 4 |
| Lemmington Hall, Alnwick ... ... ... ... ... | 2 | — |
| General Hospital, West Hartlepool ... ... ... ... | 1 | — |
| Prudhoe and Monkton Hospital, Prudhoe ... ... ... | 3 | 3 |
| In other Regions:— | | |
| Milnthorpe Hospital, Kendal ... ... ... ... | 27 | 1 |
| Royal Albert Hospital, Lancaster ... ... ... ... | 21 | 3 |

| | | |
|---|---|---|
| Lisieux Hall, Chorley ... ... ... ... ... | 4 | — |
| St. Mary's Home, Alton, Hants. ... ... ... ... | 2 | — |
| Hortham Colony, Almondsbury, Bristol ... ... ... | 1 | — |
| Monyhull Hall, Birmingham ... ... ... ... | 2 | 1 |
| Totterdown Hall, Walton-on-Thames ... ... ... | 1 | — |
| St. Raphael's, Barwin Park, Herts. ... ... ... ... | 1 | — |
| House of Help, Bath ... ... ... ... ... ... | 1 | — |
| Stanley Hospital, Ulverston ... ... ... ... ... | 1 | — |
| Leavesden Hospital, Watford, Herts. ... ... ... | 2 | — |
| Clarefield Court Hospital, Maidstone ... ... ... | — | — |
| St. Laurence's Hospital, Caterham ... ... ... ... | 1 | 1 |
| Under the jurisdiction of the Board of Control:— | | |
| Rampton Hospital, Retford, Notts. ... ... ... ... | 6 | — |
| Moss Side Hospital, Maghull, Liverpool ... ... ... | 3 | — |
| | — | — |
| | 346 | 49 |
| | — | — |

There is an increase of five in the total number of patients in mental deficiency hospitals which is accounted for by 18 new admissions, 3 transfers from guardianship, 12 discharges and 4 deaths. Of the patients newly admitted during 1958 it is significant that only five were admitted under a legal process involving power of detention in hospital — three being detained under Orders made by Courts following criminal offences and two on petition to a judical authority.

The local health authority's duty as regards the supervision of defectives is quite clearly laid down but equally clearly the duty of the authority is to arrange for the admission of patients to hospital if care in the home is inadequate. For many years there has been a serious national shortage of accommodation in mental deficiency hospitals and this national difficulty has caused not only a feeling of frustration to those responsible for providing an adequate mental health service but a tremendous toll of distress to those in the community who have been responsible for the care of defectives in their homes who could only receive adequate care under hospital conditions. Locally, the waiting list position is no worse and indeed may be a little better than in most other parts of the country. The figures for 1958 are given in the following table, the corresponding figures for 1957 being represented in brackets:—

1. In urgent need of institutional care:—

| | Under 16 | 16 years and over | Total |
|---|---|---|---|
| (a) Cot and chair cases ... ... | 2 (1) | – (–) | 2 (1) |
| (b) Ambulant low grade cases ... | – (1) | 1 (1) | 1 (2) |
| (c) Medium grade cases ... ... | – (4) | 1 (1) | 1 (5) |
| (d) High grade cases ... ... | – (–) | – (–) | – (–) |
| | 2 (6) | 2 (2) | 4 (8) |

2. Not in urgent need of institutional care: —

| | | | |
|---|---|---|---|
| (a) Cot and chair cases .... ... | 3 (2) | 2 (–) | 5 (2) |
| (b) Ambulant low grade cases ... | 1 (1) | 5 (3) | 6 (4) |
| (c) Medium grade cases ... ... | 4 (6) | 14 (13) | 18 (19) |
| (d) High grade cases ... ... | – (–) | 4 (6) | 4 (6) |
| | 8 (9) | 25 (22) | 33 (31) |

Although the numerical total of urgent and non-urgent cases is very little different from last year there is a small but noteable reduction in the number of really urgent cases awaiting institutional care. In this connection it should be explained that the classification of patients on the waiting lists as between urgent and non-urgent is an arbitrary one and what may one day be regarded as a not particularly urgent case for admission may suddenly assume great urgency because of some sudden critical change within the household. The impact of such crises in Cumberland can often be at least temporarily resolved by arranging a temporary form of care for the patient and the patients listed in the foregoing table as being in urgent need of institutional care are those who can only be resolved by long-term facilities.

## GENERAL PUBLIC HEALTH

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**Infectious Diseases**

**Inspection and Supervision of Food**

**Water and Sewerage**

**Housing**

**The Welfare Services**

**Tuberculosis and other chest diseases**

## Notification of Cases of Infectious and Other Notifiable Diseases, 1958

| | Scarlet Fever | Whooping Cough | Ac. Poliomyelitis Paralytic | Non-Paralytic | Measles | Diphtheria | Dysentery | Meningococcal Infection | Acute Pneumonia | Smallpox | Acute Encaphalitis Infective | Fost Infectious | Enteric or Typhoid Fever | Paratyphoid Fever | Erysipelas | Food Poisoning | Tuberculosis Respiratory | Meninges & C.N.S. | Other | Puerperal Pyrexia | Ophthalmia Neonatorum |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Urban Districts | | | | | | | | | | | | | | | | | | | | | |
| Cockermouth ... ... | 3 | 1 | — | — | 3 | — | 33 | — | — | — | — | — | — | — | — | 2 | 3 | — | — | — | — |
| Keswick ... ... ... | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | 2 | 1 | 1 | — | — |
| Maryport ... ... ... | 26 | — | — | — | 4 | — | 4 | 1 | 1 | — | — | — | — | — | 1 | 2 | 12 | — | 1 | — | 1 |
| Penrith ... ... ... | 6 | — | — | — | 6 | — | 52 | — | 9 | — | — | — | — | — | — | — | 7 | — | 3 | 1 | — |
| Whitehaven ... ... | 25 | — | 1 | 1 | 267 | — | — | — | 10 | — | — | — | — | — | 1 | — | 17 | — | 1 | — | — |
| Workington ... ... | 8 | 11 | — | — | 15 | — | 18 | — | 13 | — | — | — | — | — | 3 | — | 33 | 1 | 5 | 26 | — |
| Rural Districts | | | | | | | | | | | | | | | | | | | | | |
| Alston ... ... ... | 1 | — | — | — | — | — | — | 1 | 6 | — | — | — | — | — | — | — | 1 | — | — | — | — |
| Border ... ... ... | 8 | 1 | — | — | 8 | — | 40 | 1 | — | — | — | — | — | — | 1 | 2 | 23 | 1 | 3 | 1 | — |
| Cockermouth ... ... | 5 | 5 | — | — | 6 | — | 8 | — | 1 | — | — | — | — | — | 2 | 4 | 4 | — | 1 | — | 1 |
| Ennerdale ... ... ... | 21 | 4 | 1 | — | 33 | — | 9 | 1 | 5 | — | — | — | — | — | 1 | — | 39 | — | 3 | — | — |
| Millom ... ... ... | 6 | 3 | 2 | — | 7 | — | 22 | — | 2 | — | — | — | — | — | — | 1 | 7 | 1 | 2 | 1 | — |
| Penrith ... ... ... | 2 | 1 | — | — | — | — | — | 1 | 12 | — | — | — | — | — | 2 | — | 3 | — | 1 | — | — |
| Wigton ... ... ... | 4 | 2 | — | — | — | — | 1 | — | 1 | — | — | — | — | — | 1 | — | 4 | — | 2 | 1 | — |
| TOTAL FOR YEAR ... | 115 | 28 | 4 | 1 | 349 | — | 187 | 5 | 60 | — | — | — | — | — | 12 | 11 | 155 | 4 | 23 | 30 | 2 |
| 1957 ... ... ... | 25 | 661 | 11 | 4 | 3557 | — | 20 | 5 | 182 | — | 2 | 1 | — | — | 19 | 28 | 186 | 2 | 32 | 44 | 2 |
| 1956 ... ... ... | 40 | 625 | 46 | 11 | 2256 | — | 47 | 5 | 135 | — | — | 2 | 1 | 2 | 25 | 16 | 260 | 2 | 27 | 16 | 2 |
| 1955 ... ... ... | 69 | 207 | 4 | 3 | 834 | — | 165 | 7 | 78 | — | — | 2 | — | — | 21 | 3 | 298 | — | 24 | 48 | — |

## Inspection and Supervision of Food

I am indebted to the Chief Inspector of Weights and Measures for the report which follows: —

### Food and Drugs Act, 1955

Summary of work done under the above Act during the year ended 31st December, 1958

| | Total Samples Obtained | | Genuine | Unsatisfactory | |
|---|---|---|---|---|---|
| | Milk | Other Foods | | Milk | Other Foods |
| Submitted to Public Analyst | 59 | 210 | 215 | 44 | 10 |
| Tested by Inspectors ... | 349 | — | 338 | 11 | — |
| | 618 | | 553 | 65 | |

**Milk:**

Of the 57 samples of milk submitted to the Public Analyst, which included 10 "Appeal to Cow" samples, 44 were found to be below standard, 7 producers being involved. The samples below standard were dealt with as under.

### Unsatisfactory Milk Samples — Producers Cautioned

In sixteen instances the samples contained added water ranging from 1.1% to 9.4%. Unfortunately the Public Analyst was unable to apply the Freezing Point test to confirm the presence of extraneous water and consequently it was not advisable to institute legal proceedings against the farmer concerned. After being cautioned he has not given any further cause for complaint.

One sample contained a small amount of added water and one was deficient in fat, from two different sources.

Two farmers were responsible for five samples of milk and although certified as being below standard, it was found that the deficiencies were not caused by the addition of water and the samples were regarded as being "Genuine but below standard". The attention of the producers was drawn to the sub-standard quality of the milk and they immediately took all possible steps to improve the quality.

### Unsatisfactory Milk Samples — Producers Prosecuted

Four samples contained added water from 4.6% to 12.9%. Farmer fined £50 plus £5/5/0 costs.

Six samples contained added water in amounts varying from 21.7% to 56.6%. Farmer fined £50.

Eleven samples — added water from 7.0% to 13.0%.

Farmer's second offence in three years — fined £50 plus £10/10/0 costs.

**Unsatisfactory Milk Samples Tested by Inspectors**

These were only slightly below standard and in most cases second samples showed an improvement.

Where an informal sample is taken by the Inspector and found to be below standard, a formal sample is obtained immediately and submitted to the Public Analyst.

**Average Quality**

The presumptive standard for milk, laid down in the Sale of Milk Regulations 1939, is 8.5% solids-not-fat and 3.0% fat. The average quality of the samples tested by the Inspectors by means of Gerber apparatus was 8.67% solids-not-fat and 3.65% fat. These figures compare favourably with last year's figures, varying only 0.01% in solids-not-fat and showing a slight increase of 0.08% in fat content. These averages include the samples tested by the Inspectors and found to be slightly below standard, but do not include the results of analyses of milk by the Public Analyst, as the latter chiefly consist of samples submitted as a result of the Inspector suspecting the milk to be of unsatisfactory, or doubtful, quality.

**Percentage of Unsatisfactory Milk Samples**

Of the total number of milk samples taken, the percentage of unsatisfactory samples is 13.5% compared to 7.7% last year. Although this percentage shows a substantial increase, the actual number of milk producers involved is much less.

**Milk (Special Designations) (Specified Areas) Order, 1956:**

During the year this Order was extended to cover the Borough of Whitehaven and the Rural Districts of Ennerdale and Millom. The Order now controls the sale of milk throughout most of the county, the only area not covered being the Rural District of Alston with Garrigill.

Most of the milk sold is now bottled and properly designated, but in some rural areas the Ministry have issued a number of Consents which exempt certain producers from the provisions of the Order. These Consents are usually issued in areas where it is impossible for consumers to obtain supplies of designated milk.

**Foodstuffs Other Than Milk:**

The samples taken comprise a wide variety of foods and drugs, particular attention being paid to the more common foodstuffs. Sampling is carried out with a view to prove that not only is the quality of a particular food up to standard, but also that the ingredients used are in the correct order as claimed by the manufacturers.

Of the 210 samples taken during the year, 200 were found to be genuine and only 10 unsatisfactory.

With regard to the unsatisfactory samples, these included a number taken as a result of complaints from members of the public.

One instance involved a bottle of cough mixture about which the purchaser had complained. This bottle, together with a formal sample from the same source of supply, was sent to the Public Analyst. Both samples were certified to be deficient in chloroform and containing a fungoid growth. The manufacturers were prosecuted and fined £5.

Slices from a loaf of bread, purchased by a member of the public, were submitted for analysis and the Public Analyst stated that the bread was contaminated by products of insect infestation of the flour and also contained the web and excrement and fragment of weavil. The bakers were prosecuted and fined £10.

A packet of margarine was the subject of another complaint, the margarine being discoloured. A formal sample was also obtained from the same source of supply. The Analyst stated that the discolouration in parts of each of the samples was due to localised parts of the margarine being rancid. Apparently this margarine was of a very cheap brand and should not be kept in stock for any length of time. The matter was drawn to the attention of the shopkeeper concerned and the margarine was immediately withdrawn from sale.

A complaint was also received concerning a jar of baby cream. The purchaser complained that the cream irritated her baby's skin which became sore and she suspected the cream of containing finely ground glass. The remainder of the cream, together with another jar from the same supply, was submitted to the Analyst. The solid matter in the cream was found to be not glass, but undissolved crystals used in the manufacturing process. The manufacturers immediately began investigations to find out the cause of the trouble and so prevent any occurrence.

Two samples of rum butter, taken as routine samples, were found to be of satisfactory quality, but in each instance the manufacturer committed a technical offence by listing the ingredients in the wrong order on the containers. Both

traders were cautioned and advice given as to the correct method of labelling their products. In such articles as rum butter, cake mixtures, etc., the ingredients must be listed in the order of the proportion in which they are used, the ingredient used in the greatest proportion, by weight, being specified first.

A sample of beef sausage was found to contain preservative. The butcher was cautioned for not declaring or displaying a notice to the effect that preservative was used in the manufacture of the sauasges.

### Samples Taken at Schools

During the period under review 86 samples of milk and 7 foodstuffs were taken at schools, school canteens, etc. A very satisfactory result was obtained in that with the exception of one sample of milk, all the remaining samples were of satisfactory quality. The sample of milk was only slightly below standard and a further sample taken later showed that the quality had improved.

### Pasteurised Milk

The County Council is responsible for the licensing and supervision of the milk pasteurising establishments in that part of the county for which it is the Food and Drugs Authority. During the year five pasteurising plants, two being in Millom R.D.C., two in Ennerdale R.D.C., and the fifth in Wigton R.D.C., were licensed by way of renewal. From these establishments routine samples of milk were taken, through the co-operation of the Public Health Inspectors of the District Councils concerned, and submitted to the special examinations laid down in the third schedule of the "Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations 1949". The results of the tests are shown in the following table: —

| Pasteurised Milk | Phosphatase Test | Methylene Blue Test |
|---|---|---|
| No. samples examined | 81 | 81 |
| No. samples passed | 75 | 76 |
| No. samples failed | 6 | 5 |

### Water and Sewerage

The restriction of capital expenditure has continued to have a deterrent effect on progress with Sewerage and Water Supply Schemes. It is, however, pleasing to note that a grant has been promised for the High and Low Hesket Sewerage Scheme on which work started in January, 1959. The preparation and submission of schemes to the Ministry for approval has proceeded at much the

same rate as in previous years but permission to commence work and incur expenditure on schemes is still slow in coming from the Ministry. Of the new water supply schemes considered during the year, most are extensions to existing schemes. The Wigton R.D.C. wish to proceed with Stage IV of their Aspatria and Silloth Water Scheme and asked the County Council for technical assistance to prepare the scheme up to the Public Inquiry Stage. On the Millom R.D.C.'s scheme to supply the northern parishes, tests of pressures along the mains have recently been completed and a revised scheme will be prepared as soon as possible. A tender has been accepted for the Dale Water Supply Scheme to augment the supplies in the Armathwaite and Hesket areas.

Consultations and discussions have continued between adjoining local authorities with a view to the formation of a Joint Water Authority in South Cumberland and a draft order is expected at an early date. The County Council has agreed to participate and has expressed its willingness at all times to assist authorities with technical and other advice is so requested. Discussions have not resulted in agreement about the formation of a West Cumberland Joint Board and in April, 1959, the Minister advertised the making of a draft order.

On the re-grouping of water undertakings, the Minister is of the opinion that the water undertakings of the Border R.D.C. and the Carlisle Corporation should be amalgamated, but the Border R.D.C. are strongly opposed to this suggestion. The County Council are supporting the Border in their case to retain their separate identity as a water undertaker, and at the time of writing the Border R.D.C. have presented their case to the Minister, the local Members of Parliament and the Rural District Council Association.

With regard to sewage disposal schemes, the scheme for Skelton in the Penrith Rural District, and Drumburgh and Glasson in the Wigton Rural District are now going forward. Both these schemes were considered some years ago and the cost of each scheme has increased considerably since they were first prepared.

The schemes considered during the past year are set out in the accompanying Appendix A. (Water Schemes) and B. (Sewerage Schemes).

APPENDIX A.

Water Schemes

| Scheme submitted by | Name of Scheme | General Outline | Estimated or Final Cost | Grants Ministry | Grants County | Stage at 31st March, 1959 |
|---|---|---|---|---|---|---|
| Border R.D.C. | Gilsland Water Mains Extension Scheme | Mains extension in Redbeck area | £1,850 | No grant | | As the Minister is not making a grant County Council have no liability for grant |
| Cockermouth R.D.C. | (a) Grange Water Supply | To augment water supplies in the Grange locality. | £3,371 | No grant | | do. |
| | (b) Supplementary Water Supply to Dearham. | Laying of 950 yards of 6" pipe from Harker Marsh to Dearham Cross Roads, and 235 yards of 2" pipe from Cross Roads to Pleasant View | £2,422 | | | Arrangements made with Maryport U.D.C. for a bulk supply of up to 40,000 gallons per day to be made available to Parish of Dearham |
| | (c) Water Supply to Watergins. | To supply two properties and agricultural land | £737 | | | Approved as sound and adequate. |
| Millom R.D.C. | Water supply to Northern Parishes (Irton with Santon, Muncaster, Waberthwaite). | Distribution of a bulk supply from Wastwater. | £185,000 | | | Minister suggested scheme be carried out in stages in view of high cost. Stage 1 of scheme to include supply to Ravenglass and Waberthw'te areas Minister suggested a gravity supply be considered for Irton with Santon area. Revised scheme being prepared |
| Penrith R.D.C. | Dale Water Supply. | Augmentation of supplies in Armathwaite and Hesket areas | £23,000 | | | Tender accepted. |

APPENDIX B.

Sewerage Schemes

| | | | | | | |
|---|---|---|---|---|---|---|
| Cockermouth R.D.C. | Branthwaite Sewerage Scheme | Sewerage of Branthwaite Village | £14,265 | £360 p.a. for 30 years | £4,650 capital | Nearing completion |
| Ennerdale R.D.C. | (a) Norbeck Sewage Works, Cleator Moor. | Additions and extensions to sewage works. | £44,900 | | | Preliminary proposals approved as generally satisfactory subject to detailed consultation with County Engineer. |
| | (b) Egremont and Braystones Outfall Sewer. | Storm relief sewers part of scheme. | £3,600 | No Ministry grant (to relieve flooding) | No grant | Storm overflow chambers at Bridge End, Egremont, approved at estimated cost of £3600 |
| | | (i) Storm tanks at Pickethow<br>(ii) Storm overflow at Beckermet<br>(ii) Sewer at Warborough Nook<br>(iv) Sea outfall | £46,750 | | | Approved as sound and adequate. |
| Penrith R.D.C. | (a) High and Low Hesket Sewerage and Sewage Disposal Scheme. | Scheme to serve 96 houses | £21,440 | Half yearly payments of £90 for 30 years | | Proceeding |
| | (b) Skelton Sewerage Scheme. | To serve village of Skelton | £16,050 | | | Approved as sound and adequate |
| Wigton R.D.C. | (a) Oulton Sewerage and Sewage Disposal Scheme. | Sewering of Oulton Village | £17,000 | Half yearly payments of £165 for 30 years | Lump sum grant not exceeding £4,220 | Completed |
| | (b) Sewerage and Sewage Disposal Scheme, Drumburgh & Glasson | To serve Drumburgh and Glasson | Drumburgh £6,650 Glasson £10.300 (1953 estimates) | | | Approved subject to details being satisfactorily agreed with County Engineer. |

## HOUSING RETURNS FOR THE COUNTY OF CUMBERLAND

For year ended 31st December, 1958.

(N.B. Corresponding figures for 1957 are shown in parenthesis)

| | | Alston R.D.C. | Border R.D.C. | Cockermouth R.D.C. | Ennerdale R.D.C. |
|---|---|---|---|---|---|
| | Population ... 1931 | 2,678 | 26,049 | 21,250 | 28,23 |
| | 1951 | 2,327 | 29,848 | 19,560 | 29,36 |
| A | 1 Total number of occupied dwelling houses in the district ... ... | 867<br>(893) | 8,045<br>(7,880) | 6,154<br>(6,095) | 8,93<br>(8,80 |
| | 2 Total number of occupied dwelling houses subject to Demolition Orders, Closing Orders or Undertakings ... ... ... ... | —<br>(—) | 21<br>(28) | 9<br>(19) | 5<br>(12 |
| | 3 Estimated number of houses (exclusive of above) which are unfit for habitation and cannot be made fit at a reasonable cost ... ... | 131<br>(131) | 521<br>(557) | 75<br>(68) | 1,31<br>(1,53 |
| | 4 Estimated number of sub-standard houses (exclusive of above) which could be repaired and made fit ... ... ... ... ... | 350<br>(360) | 800<br>(850) | N.A.<br>(N.A.) | 2,23<br>(2,36 |
| | 5 Number of houses found to be overcrowded ... ... ... | 27<br>(27) | 31<br>(34) | 7<br>(5) | 1<br>(1 |
| B | WAITING LISTS.<br>Total number of valid applicants on Council's waiting list exclusive of those living in houses under A.2 and 3 above ... ... ... | 14<br>(23) | 289<br>(235) | 575<br>(513) | 46<br>(50 |
| C | NEW HOUSES COMPLETED DURING THE YEAR.<br>1 By or for the Council—<br>For aged persons ... ... ... ... ... ... ... | —<br>(—) | 8<br>(17) | 4<br>(4) | —<br>(— |
| | For agricultural workers ... ... ... ... ... ... | —<br>(—) | —<br>(—) | —<br>(—) | —<br>(— |
| | Flats ... ... ... ... ... ... ... ... | —<br>(—) | —<br>(16) | —<br>(—) | —<br>(— |
| | General Purpose Houses ... ... ... ... ... ... | —<br>(—) | 26<br>(28) | 52<br>(26) | 16<br>(2 |
| | 2 Private building ... ... ... ... ... ... ... | —<br>(1) | 95<br>(33) | 26<br>(30) | 1<br>(2 |
| | Total ... | —<br>(1) | 129<br>(94) | 82<br>(60) | 18<br>(5 |
| D | 1 Number of houses for which application was made by private persons for Improvement Grants under the Housing Act, 1949 ... | 6<br>(12) | 37<br>(41) | 42<br>(32) | 2<br>(2 |
| | 2 Number of houses for which grants were approved ... ... | 5<br>(12) | 36<br>(37) | 42<br>(32) | 2<br>(2 |
| | 3 Number of houses where improvements were carried out and grants paid ... ... ... ... ... ... ... ... ... | 9<br>(11) | 30<br>(25) | 45<br>(19) | 2<br>(2 |
| | 4 Number of houses purchased or taken over by the Council with a view to improvement or conversion ... ... ... ... | —<br>(7) | 8<br>(—) | —<br>(2) | —<br>(— |
| | 5 Number of houses improved by the Council—<br>(i) with grant ... ... ... ... ... ... ... | —<br>(4) | —<br>(—) | —<br>(—) | —<br>(— |
| | (ii) without grant ... ... ... ... ... ... ... | —<br>(—) | —<br>(5) | —<br>(2) | —<br>(— |
| E | TEMPORARY ACCOMMODATION.<br>Number of families occupying camps and temporary buildings ... | —<br>(—) | 16<br>39) | —<br>(—) | —<br>(— |
| F | HOUSING PROGRAMME<br>Estimated number of houses to be built during the ensuing year—<br>(i) Private ... ... ... ... ... ... ... ... | 1<br>(—) | N.K.<br>(N.K.) | 60<br>(20) | 2<br>(1 |
| | (ii) Council ... ... ... ... ... ... ... ... | 16<br>(—) | 79<br>(67) | 50<br>(56) | 25<br>(20 |

| Millom R.D.C. | Penrith R.D.C. | Wigton R.D.C. | Total for R.D.Cs. in County. | Whitehaven Borough | Workington Borough | Cockermouth U.D.C. | Keswick U.D.C. | Maryport U.D.C. | Penrith U.D.C. |
|---|---|---|---|---|---|---|---|---|---|
| 12,582 | 12,016 | 22,038 | 124,868 | 23,254 | 24,601 | 4,784 | 4,635 | 10,190 | 9,065 |
| 13,428 | 11,720 | 23,733 | 130,247 | 24,624 | 28,620 | 5,300 | 4,660 | 12,180 | 10,490 |
| 4,460 | 3,634 | 7,083 | 39,175 | 7,860 | 8,770 | 1,972 | 1,655 | 4,021 | 3,412 |
| (4,451) | (3,634) | (7,042) | (38,798) | (7,700) | (9,115) | (1,940) | (1,652) | (4,030) | (3,302) |
| 33 | 29 | 20 | 168 | 47 | 29 | 25 | 5 | 157 | 11 |
| (39) | (38) | (21) | (284) | (50) | (14) | (17) | (5) | (157) | (12) |
| 49 | 137 | 280 | 2,507 | 370 | 70 | 277 | 20 | 228 | 180 |
| (92) | (166) | (297) | (2,850) | (400) | (100) | (285) | (20) | (235) | (186) |
| 116 | 560 | 1,391 | 5,456 | N.A. | 50 | 18 | 100 | 147 | 77 |
| (195) | (580) | (1,380) | (5,732) | (N.A.) | (50) | (18) | (100) | (151) | (78) |
| 8 | 62 | 4 | 156 | 5 | N.K. | N.K. | — | — | 6 |
| (6) | (68) | (4) | (163) | (4) | (N.A.) | (N.A.) | (—) | (—) | (10) |
| 97 | — | 328 | 1,771 | 725 | — | 448 | 150 | 305 | 173 |
| (93) | (—) | (253) | (1,621) | (560) | (880) | (253) | (150) | (288) | (125) |
| — | — | — | 12 | 10 | — | — | — | — | 3 |
| (—) | (—) | (6) | (27) | (—) | (—) | (—) | (—) | (—) | (—) |
| — | — | — | — | — | — | — | — | — | — |
| (—) | (—) | (—) | (—) | (—) | (—) | (—) | (—) | (—) | (—) |
| — | — | — | — | — | — | — | — | — | — |
| (—) | (—) | (—) | (16) | (18) | (—) | (—) | (—) | (—) | (—) |
| — | 6 | — | 252 | 42 | — | 12 | — | — | 16 |
| (10) | (15) | (44) | (152) | (106) | (58) | (—) | (—) | (—) | (46) |
| 9 | 16 | 13 | 177 | 26 | 34 | 28 | 3 | 2 | 2 |
| (32) | (14) | (16) | (157) | (24) | (25) | (30) | (2) | (1) | (11) |
| 9 | 22 | 13 | 441 | 78 | 34 | 40 | 3 | 2 | 21 |
| (42) | (29) | (66) | (342) | (148) | (83) | (30) | (2) | (1) | (57) |
| 41 | 38 | 28 | 218 | 24 | — | 7 | 1 | 4 | 8 |
| (22) | (48) | (34) | (215) | (—) | (—) | (6) | (2) | (5) | (9) |
| 40 | 33 | 27 | 206 | 19 | — | 7 | 1 | 4 | 8 |
| (20) | (47) | (29) | (198) | (—) | (—) | (6) | (—) | (5) | (7) |
| 28 | 21 | 25 | 179 | 8 | — | 4 | — | 4 | 8 |
| (19) | (46) | (27) | (171) | (—) | (—) | (5) | (—) | (—) | (7) |
| 3 | — | — | 11 | — | — | — | — | — | — |
| (1) | (—) | (—) | (10) | (—) | (—) | (—) | (9) | (—) | (—) |
| — | — | — | — | — | — | — | — | — | — |
| (2) | (2) | (—) | (8) | (—) | (—) | (—) | (—) | (—) | (—) |
| — | — | — | — | — | — | — | — | — | — |
| (7) | (—) | (—) | (14) | (—) | (—) | (—) | (—) | (—) | (2) |
| — | — | 41 | 57 | — | — | 7 | — | — | 9 |
| (—) | (—) | (41) | (80) | (—) | (—) | (8) | (—) | (—) | (23) |
| 5 | 25 | 12 | 123 | 28 | 40 | 25 | 3 | — | 25 |
| (5) | (20) | (16) | (76) | (12) | (25) | (40) | (6) | (—) | (10) |
| — | 10 | — | 405 | 148 | 50 | 87 | 20 | 50/60 | 31 |
| (—) | (20) | (—) | (345) | (140) | (—) | (12) | (—) | (N.D.) | (34) |

## Housing

The provision of housing accommodation for employees of the County Council has continued during the year, 9 new houses having been completed.

The labour and material position is almost normal and delays due to these causes have practically ceased.

Costs of houses have risen slightly during the year, part of this increased cost being due to the isolated situation of many of the County Council houses.

*Nursing Service*

Two houses were under construction and work on another was due to commence at the end of the year.

*Police Service*

Seven houses were completed and twelve were in course 'of erection at the end of the year. 165 houses for the Police Service have been completed since 1946.

*Fire Service*

Two houses were in course of erection at the end of the year.

*Education*

Two caretakers' bungalows erected in conjunction with new schools have been completed during the year and three more were in course of erection. One large house has been converted into two flats for the use of teachers.

## THE WELFARE SERVICES

I am indebted to the County Welfare Officer (Mr. Walker) for the following report on the Welfare Services, the administration of which is in the hands of the Welfare Sub-Committee of the Health Committee.

### National Assistance Act 1948 and other Welfare Enactments

Appreciating the difficulties arising from the dispute in the printing trade, and the obvious need to condense annual and other printed reports as much as possible, one may at the outset say that for the period covered by this report very little can be added to the information given in previous reports on the multifarious welfare services, etc. and their consolidation and expansion over the ten years which have elapsed since the coming into force of the National Assistance Act, 1948, a fundamental object of which was to achieve the final break-up of the Poor Law and the creation of entirely new services founded on modern conceptions of social welfare.

The administration of the welfare etc. services is in the hands of the Welfare Committee, which Committee and the Area House Committees have gone about their work quietly and discreetly, so much so that, compared with the 1930's when the administrative county was classified as a distressed or special area, with domiciliary Public Assistance disbursements at the rate of over £2,000 per week and with the number of able-bodied unemployed sometimes nearly touching the highest percentage in the country, the general public hear little about the present welfare services. Nevertheless, those services continue to function smoothly and effectively and in no small measure, including as they do the more important ones of

(a) Residential accommodation for elderly persons in need of the same:

(b) Temporary accommodation in cases of sudden and urgent necessity;

(c) Sheltered employment and domiciliary services for the blind, deaf and dumb, and general classes of handicapped persons;

(d) Accommodation and rehabilitating services for persons without a settled way of living;

(e) Hospital treatment and maintenance — on behalf of the Regional Hospital Board — of chronic sick patients in the Penrith, Wigton and Whitehaven establishments;

(f) Co-operation with

(i) Borough, Urban and Rural District Councils in housing and other social problems;

(ii) Hospital Management Committees in the admission and transfer of patients from hospitals to Part III accommodation, thereby releasing hospital beds for urgent cases, and vice versa; and

(g) Amongst other schemes, the organisation and running of the Welfare (Care of the Homeless) Section of Civil Defence, involving as it does, the training of large numbers of volunteers, participation in exercises, tournaments etc.

The full development of those services must take time and be dependant not only on one's desire to achieve that end, but to a large extent on the financial ability of the County Council to afford essential expansion and/or perfection etc. of the many services — including, and additional to, welfare — which would be necessary and beneficial for the County's population in general.

The restriction imposed by the Government on capital expenditure for new building works continued throughout the year and further delayed developments in the erection of (a) new residential homes in Maryport and Workington and the possibility of a further home within the Ennerdale Rural area — the idea being to ultimately close Meadow View House, Whitehaven — and (b) the social/handicraft/recreational centre in Workington, and a somewhat similar but more modest and minor scheme in Millom, for handicapped persons of all classes.

The only one phase of outstanding interest during 1958 was the opening on the 2nd August of The Towers, Skinburness, as a short-stay-cum-holiday home of 21 beds. This important addition to the welfare facilities available to elderly and infirm people indicated that a further stage had been reached in the progressive development of the Council's services under the Act of 1948. The home is a dual purpose one and provides accommodation (a) for 2 to 4 weeks for elderly persons normally cared for by relatives, and (b) holiday accommodation for permanent residents in the Council's homes. One important benefit of this short-stay accommodation will accrue to persons who normally care for their elderly relatives in their own homes, in that it will give them an opportunity to take a rest and perhaps a long deferred holiday themselves, with the knowledge that the elderly persons will be well looked after during their absence. One would hope that it will also give a measure of encouragement to young people to themselves look after their ageing relatives on a long term basis, rather than seek their admission permanently to Part III accommodation. It will, however, be recognised that time and experiment will be required before it will be possible to see in what proportion vacancies at The Towers should be allocated between permanent, short-stay and holiday places.

Still one of the greatest problems of our present age is the matter of adequate care for the elderly, and especially those needing care and attention which they themselves are unable to provide. The problem is nowhere near solution and will increase in extent since the number of people of pensionable age will increase considerably during the next 20 years. Running a close second insofar as welfare services are concerned, is the matter of social and other services for handicapped persons, i.e. the blind, the deaf and the general classes.

Since 1948, the number of old people over 75 years of age in England and Wales has increased by some 380,000, or 26%. Most of those old people are able and prefer to remain in their own homes, and are often enabled to do so by the help of various domiciliary services but, even so, the demand for accommodation in residential homes is heavy and local authorities throughout the country find that they are providing accommodation for an increasingly large proportion of people who are already very infirm. These are the people who could not climb stairs; who could not safely be left alone at night unless night staff was avaiable; or who might need to spend a good deal of their time in their bedrooms, if not actually in bed. Some of them might be mentally confused.

Accordingly, it is more important than ever that available resources, including the various domiciliary services, should be utilised to keep old people in their own homes for as long as possible, a point which the Welfare Committee has continually stressed to voluntary organisations such as Old People's Welfare Committees, etc., as being a vital part of the overall policy of the Committee regarding the care and well-being of old people. With that end in view, the availability of various domiciliary services — statutory and voluntary — such as Home Helps, sitters in, visiting, meals on wheels, laundry, chiropody, district nursing, and so on, might be "stepped up".

Unfortunately, the desire for domestic work, however, does not appeal to women of today as it did 20/30 years ago and, even where Home Helps are provided for part-time service, the service is invariably missed when it is perhaps most wanted, i.e. late at night and early in the morning, and this more especially so in the winter months.

Whilst modern medicine and drugs are extending the "years of life", it does not follow that physical and mental fitness is being maintained in keeping with the added years. Accordingly, an ageing population is going to be less able to attend to normal household duties, a position which may create a greater demand for residential accommodation in Old People's Homes, and which every welfare authority will have to face in the non too distant future.

In England and Wales on the night of the 31st December, 1957, 76,779 persons were maintained in Part III residential accommodation and 4,469 in temporary accommodation provided under the National Assistance Act, 1948. That was an increase of 2,654 on the numbers for the previous year, giving a rise of 61% since January, 1949. Over the same period the number of persons in voluntary homes under arrangements with County and County Borough Councils, increased from 10,254 to 10,765.

A Welfare Authority's responsibilities extend to the care of residents during minor illnesses, the care of the infirm (including the senile) and the care of persons already resident in the home, who become bedfast and are not expected to live long or to benefit by hospital treatment.

The Minister of Health has expressed confidence that local authorities would continue to devote the maximum resources which the economic situation permitted towards making good the shortage of accommodation, particularly for the more infirm. He has also commended to authorities generally the practice of arranging, where possible, for infirm old people who are being care for at home, to spend an occasional short spell in a welfare home as a means of giving them a change of environment and their relatives a rest.

Taking the last point first, Cumberland have made that arrangement in the short-stay home recently opened at Skinburness and referred to above.

In regard to the need for, and provision of, residential accommodation in the administrative county, the following summary is given:—

| | | | |
|---|---|---|---|
| (1) | Present population ... ... ... | 217,600 | |
| (2) | Estimated number of aged, infirm and handicapped persons for whom residential accommodation would be required on a long-term policy ... ... ... | 400 | |
| (3) | Number of former P.A. Institutions to be retained in the County scheme ... ... | 2 | |
| (4) | Estimated number of modern type homes which would be required, additional to the accommodation provided under (3) above, to give accommodation on a long-term policy for 400 persons ... ... | 12 | (The actual number would depend on the number of beds provided in each home). |

On a population basis, the estimated need works out roughly at 2 per 1,000 of the population which, as far as my information goes and taking Part III

accommodation as a whole, represents something like the average ratio throughout the country. Some Welfare Authorities have, however, suggested that they would need something like 4 beds per 1,000 of the population, but I think the figure of about 2 per 1,000 population would be a reasonable and realistic estimate for Cumberland.

In February, 1949, the number of persons in Part III accommodation in Cumberland was 201, and that gradually increased over the years to a little over 300 at the end of 1958. This of itself indicates an increase of 100 residents (i.e. 50%) over the past 10 years and, with an ageing population and a lesser reluctance on the part of elderly persons needing care and attention to enter modern type homes, the assessed need of 400 beds may quite easily be exceeded in the none too distant future. In fact one may recall that at a recent meeting of the County Health Committee a view was expressed that there was already a sufficient number of elderly people in Workington, in need of care and attention, as would immediately fill the new purpose-built home approved for erection in that town.

The Ministry of Health's figure of a 61% increase since 1949, in the number of persons maintained in Part III accommodation in England and Wales, compares with my figure of a 50% increase in the number of persons provided with Part III accommodation in Cumberland, and our position would seem to indicate that we are not in bad company.

Although needing care and attention, and not fit to be living alone, many people flatly refuse to enter the former institutions and, in a way, one cannot blame them, although the institutions have been upgraded from the former Poor Law standard. Accordingly, it is not possible to meet all requests for admission to modern type homes and there is little doubt that as the residents of the existing homes become older, and the condition on admission of those entering a home for the first time becomes more infirm — as with the improvement and increase in domiciliary services it must — the shortage of beds might well become acute unless steps are taken soon to meet it.

Many of the homes throughout the country which have been provided since the War are in converted private houses or small mansions. Many have only one or two beds on the ground floor, whilst the majority have none, although the need for ground floor accommodation for the infirm is becoming more and more pronounced, a point which applies with equal force in Cumberland.

In Circular 87/48, and in referring to the duty placed on County and County Borough Councils in relation to the provision of residential accommodation

for persons in need of care and attention, the Minister said that these would not include sick persons needing treatment in hospital, but would comprise a wide range of elderly, infirm, disabled or sub-normal people who were unable to look after themselves in their own homes and could not obtain from relatives or friends the care and attention they required. In the exercise of their duties, the local authorities were to have regard to the welfare of all persons for whom accommodation was provided and in particular to the need for providing accommodation of different descriptions suited to different descriptions of such persons as have been referred to.

Arising on that direction, a further point which will need to be taken into consideration will arise under the Mental Health Bill which will involve, amongst other things, the discharge from mental hospitals — probably in most cases to residential homes — of a number of old people who, though no longer in need of hospital treatment, would probably need a certain amount of care and attention not otherwise available to them.

Another point now arising, and which will become more apparent in future, when extended geriatric services become more freely available is, that in order to release hospital beds for more urgent cases, Welfare Authorities will be requested to make modern type Part III accommodation available for such cases as are fit for discharge from hospital but who could not receive the necessary care and attention in their own homes, or who may have no home of their own to return to.

All this may mean, as has already been said, that even the present assessment of 400 beds may not be sufficient to meet the eventual County need.

Getting down to the present and possible future position as affecting the administrative county, the policy of the Welfare Committee is to close Meadow View House, Whitehaven — an uneconomical unit — as soon as that can be done, retaining within the scheme the former institutions at Penrith and Wigton for what one may term the anti-social class or those men and women who are considered unsuitable for a place in a modern type home.

Applying the 1949 estimated percentage (viz. 22.5%) of the total number of institution inmates with anti-social, etc. tendencies, to the estimated total requirements (viz. 400 Part III beds on a long-term policy), 90 to 100 places would need to be reserved for that group in the Wigton and Penrith Institutions.

Assuming the erection of new purposely-built homes of 38 beds each in Maryport, Workington and the Ennerdale rural area, and the permanent closing down of Meadow View House, Whitehaven, the picture as to residential accommodation could then be painted as follows: —

| | | | |
|---|---|---|---|
| (a) | ANTI-SOCIAL GROUP | | |
| | Station View House, Penrith ... ... | 54 beds | |
| | Highfield House, Wigton ... ... ... | 48 beds | 102 beds |
| (b) | MODERN TYPE HOMES | | |
| | (i) As existing — | | |
| | Grange Bank, Wigton ... ... ... | 19 beds | |
| | Derwent Lodge, Papcastle ... ... | 18 beds | |
| | Garlieston, Whitehaven ... ... | 32 beds | |
| | The Croft, Kirksanton ... ... ... | 18 beds | 87 beds |
| | (ii) As proposed (the first two already having been approved) — | | |
| | New home at Maryport ... ... | 38 beds | |
| | „ „ „ Workington ... ... | 38 beds | |
| | „ „ „ Ennerdale Rural ... | 38 beds | 114 beds |
| | | | * 303 beds |

[* NOTE: — The number of residents on the 7th February, 1959, was in fact just 303.]

On the basis of the estimated need of 400 beds for Part III accommodation, and deducting the 303 beds detailed above, there would remain a further need of 97 beds to satisfy the overall total of 400. This balance could be met by three further hostels of say 30 beds each, or of a larger number of hostels with a lesser number of beds, dependent on the actual need in any particular district. At the moment there does seem to be a need, which is confirmed by medical opinion, for a modern type residential home in the northern part of the County, which I would say should be for something like 20/25 beds.

It may also be necessary to consider a small home for females in the Cockermouth area or, a better idea might be to extend Derwent Lodge so as to become a mixed home of about 25/30 beds.

These are issues for consideration in the near future.

So far and in the absence of information regarding

(a) specialised housing schemes providing a measure of welfare facilities; and

(b) "Home Finding Schemes" as possible alternatives to Part III accommodation;

such then is the position generally regarding residential accommodation. It is

thought, however, that the following notes regarding schemes (a) and (b) will be an interesting addition to this section of the report.

### Specialised Housing

Specialised housing schemes by way of bungalows and/or flats, with a measure of welfare facilities, might be the means of reducing slightly the demands for residential accommodation and, with that end in view, the Welfare Committee has decided that where housing authorities in the administrative County contemplate any such schemes, the County Council will be most anxious to collaborate with them on the basis of financial assistance being provided by the County Council in respect of approved schemes which do provide amenities and welfare facilities. A number of discussions have taken place with some District Councils who are considering proposals for specialised housing, and the preparation of a scheme of 'financial aid' will shortly be considered for submission to, and approval by, the County Council. Thereafter the scheme will be issued to Borough, Urban and District Councils with an invitation to them to submit proposals for their respective areas.

### Home Finding or Boarding Out

Whilst under the National Assistance Act local authorities cannot be involved financially in the provision of board and lodging in private households for elderly persons, "Home Finding Schemes" or, as referred to by some authorities as "Boarding-out Schemes", have been tried by local authorities and voluntary organisations as, for instance, by the Hampshire, West Sussex and Flint County Councils, and by voluntary organisations in Plymouth and Exeter. These schemes stand or fall by their success in placing, and the advice generally is that any voluntary body unable or unwilling to spend time lavishly, would do better to give up the idea of boarding-out and use their energies in less exacting work.

The boarding out of elderly and infirm people is more complex and more difficult than, for instance, the boarding out of children which of itself has many difficulties. Whilst one must admit that old people on the active list are on the whole healthier, more content and independent when living in their own homes than when they are in communal homes, the success of "home finding" or boarding out schemes would appear to be due not only to the patience and understanding of the Welfare Officer involved, but to the willingness of the people to take elderly people in as boarders and to look after them as if they were one of the family. One must, however, point out that the old people helped under the schemes quoted were not handicapped or bedridden but were said to have reached a stage

when they should not be living alone. Old people, though often unconscious of it, can be extremely demanding, and this may be one of the reasons why some young persons shirk the responsibility of looking after ageing relatives. That condition could also mitigate against boarding out.

Whilst one is doubtful if a "Home Finding Scheme" — I prefer those words to "boarding out" — would be a success in Cumberland, the possibility of trying out such a scheme will engage the attention of the Working Party set up to consider the needs of the aged in the administrative County.

### Temporary Accommodation

Additional to the provision of residential accommodation, there is also a duty on the County Council to provide "temporary accommodation" for persons who are in urgent need thereof, being need arising in circumstances which could not reasonably have been forseen. Due to the absence of facilities for such accommodation at Highfield House, Wigton, and Station View House, Penrith, and the unsatisfactory accommodation associated with Meadow View House, Whitehaven, the Committee some time ago approved in principle the reconditioning of surplus huts on the Ministry of Works site at Calthwaite for use as temporary accommodation under the control of the resident Warden. That scheme has, however, been dropped in favour of building the required accommodation within the curtilage of Highfield House, Wigton. This latter scheme has been approved by the County Council for implementation in 1959/60, and Ministry of Health sanction to proceed is awaited.

### Registration of Disabled Persons' or Old Peoples' Homes

During the year, a further private home — this time in Seaton, Workington — was registered under the provisions of the Act of 1948 as a residential home for 8 disabled or old persons, thereby making two privately run homes in the administrative County.

### Handicapped or Disabled Persons

In my last report reference was made to the need for a more realistic appreciation of, and progress in, that aspect of welfare services dealing with the handicapped classes, and more especially the homebound.

The Council have in force three major welfare service schemes for the following groups of handicapped or disabled persons, viz: —

1. Blind and partially sighted persons;
2. Deaf and dumb persons; and
3. Persons other than those covered by 1 and 2.

Under the first group (blind etc.) the Cumberland and Westmorland Home and Workshops for the Blind, and the Barrow, Furness & Westmorland Society for the Blind, act as the Council's agents in the administration of the scheme in their respective areas, whilst the Carlisle Diocesan Association for the Deaf and Dumb also act as the Council's agents in respect of the social services for the second group.

Whilst the first and second schemes can for the time being be left to continue their existing services on the well defined lines as already established, it is to the third group or scheme providing welfare services for persons who are substantially and permanently handicapped by illness, injury, or congenital deformity or such other disabilities as may be prescribed by the Minister of Health and who are in need of assistance, to which special attention is directed in this report.

This latter scheme, administered direct by the Welfare Committee, provides various services, some mandatory and some permissive, as for instance sheltered workshop employment — in the Petteril Bank Workshops — home employment; employment in open industry; social centres and holiday homes; residential hostels, etc.

A Consultative Panel, consisting of representatives from the Health and Education Departments; Ministry of Labour Disablement Resettlement Officer; National Assistance Board; Ministry of National Insurance (where necessary); and any other interested officials, with myself as Chairman, is in existence, its function being the development and application of the various services in a gradual way and commensurate only with approved finance and actual need of the persons concerned.

Whilst the Panel has met from time to time and considered cases for registration and appropriate action, which so far has been in the way of altering or improving means of access to premises, rooms, and so on, it is quite obvious that, to give full effect to the terms of the scheme, much more will have to be done. Government circulars urge the development of schemes by increased provision of day clubs or centres, home workers' schemes, pastime occupations, more help in the way of supplying personal aids and effecting structural alterations, and short-stay hostels such as the Council have provided at The Towers, Skinburness.

The County Register contains over 300 handicapped persons (general classes) with certain information as to their disabilities, but the present problem

is to translate the bare verbal bones of the scheme into actual welfare services, two of the main objects or features being

(1) *Visiting services* to be undertaken by officers with appropriate qualifications; and

(2) *Social/handicraft centres* conveniently sited throughout the County.

An effective visiting service — one of the most difficult to organise — is a most vital preliminary to the successful build-up and implementation of the scheme, and whilst to teach handiwork to disabled persons is always worthwhile, the real goal is to secure its continuing interest to serve as a bulwark against loneliness and the long hours of enforced inactivity.

Of the second objective, social centres — like clubs for old people — have constituted a strong feature of services for the handicapped, and the Ministry of Health recently drew attention to the first purpose-built social centre which had raised a great deal of interest. Cumberland is already to the forefront in this matter, in that approval has been given by the County Council to the building of a social/handicraft centre in Workington — as a pilot scheme for the County — a tender for which has recently been accepted, in the knowledge that the building must be completed by the end of 1959.

Only through the media of those objectives, not only could insight be gained in the scope and pattern of the general problems involved but, more important still, the personal contacts thereby made must inevitably focus attention on individual problems.

Whilst it will be the wish of the County Council that welfare services for the general classes should be developed and/or built up in a gradual way and commensurate only with actual need, the importance of early and continuous assessment of the needs of disabled persons cannot be over-emphasised. Many of those at present registered and not considered suitable for employment in open industry or sheltered employment, are able and anxious to receive handicraft instruction either at home or at a centre and to participate in the activities of social/recreational centres.

These developments, together with the continuing expansion of the service, are not possible without an increase in staff, whose training would assist in making the assessments and who would be capable of giving instruction and assistance in the development of the service.

Under the Local Government Act, 1958, a measure of financial assistance is being given through the general grant towards the expenditure of local authorities

in developing their services in future years, and it is understood that an appropriate allowance for that purpose would be included in the amount of the general grant starting in the year 1959/60, a decision which the Minister of Health has said would encourage local authorities to proceed, as opportunity served, along the lines endorsed by the Piercy Committee.

Included in the summary of developments of the welfare services to take place in Cumberland in 1959/60, and continue in 1960/61, and as embodied in the approved estimate submitted to the Government, was provision for loan charges, maintenance and furnishings connected with the erection of the social/handicraft centre in Workington, and the appointment of a social worker/craft instructor, so that further development of the scheme could be gradually implemented.

That the development of services for handicapped persons in group 3 should proceed in 1959/60 and thereafter continue, is clearly necessary, in that the home welfare responsibilities of local authorities are growing not merely quantitively as numbers of elderly persons increase and as more of the handicapped are brought to official notice, but also in significance and in urgency. Ministry circulars have set the course of development for some years to come but schemes will be meaningless unless translated into actual services operating for the well-being of handicapped persons.

**Voluntary Services**

Continued support and financial aid has been given by the Welfare Committee to the Cumberland Old People's Welfare Committee, whose achievements in the formation of more local Old People's Welfare Committees, with a consequent increase in the provision of domiciliary services of a non-statutory nature, have been very helpful and beneficial to elderly persons continuing to reside in their own homes.

**Standard of Services and General Situation**

During 1958, the standard of the services provided remained at the usual high level, the policy of the Committee having been to improve residential services where possible — as for instance the installation of a passenger lift in the home in Whitehaven, and the improvement of amenities, etc., at joint user establishments — and extending, within the scope of approved estimates, the services for the blind, the deaf and dumb and other disabled persons, matters which have been reflected in and through the Committee's minutes.

Stated briefly then, the position in Cumberland during 1958 is that day to day administrative arrangements have proceeded smoothly and efficiently with a

further slight build-up in residential accommodation and welfare services of a general character.

At the beginning of this report, reference was made to a fundamental object of the 1948 Act being the final break-up of the Poor Law, and one may rightfully ask if, over the past ten years, that desirable object has been, or is in process of being, achieved. So far as County and County Borough Councils are concerned, and except perhaps to the extent that in some Counties as in Cumberland for instance, pre-1948 public assistance institutions — now for the most part considerably up-graded in a variety of ways — have, due to financial and other considerations, had to be continued, it is submitted that the answer, by and large, is "yes", especially when one

(a) takes note of the administrative machinery of the Assistance Board in the matter of National Assistance Grants to persons in need;

(b) looks at the modern type and standard of Old People's Homes — purposely built and otherwise — established by local authorities throughout the country;

(c) notes the wide nature of the various hospital, general practitioner, medical, dental, nursing, home help, chiropody and other domiciliary services now available;

(d) views the increased build-up and co-operation as between local authorities and voluntary organisations in promoting the welfare of old people remaining in their own homes; and

(e) considers the welfare and other services made, and to be made available, to the blind and partially sighted, deaf and dumb, and general classes of handicapped persons.

**General**

In the matter of other services of a welfare nature not specifically listed in this report, it will be sufficient to say that the administration of the same has continued in the best interests of those for whom the services are provided, and in concluding this report, I would like to express my grateful thanks to members of the County Council, and especially to the Chairman and members of the Health, Welfare and House Management Committees for their great interest in the advance and expansion of the welfare services as a whole, and to record my appreciation of the efficient co-operation and help from other departments, and particularly by the members of my staff.

W. C. WALKER,

County Welfare Officer.

## APPENDIX I

### Annual Report on Tuberculosis and other Chest Diseases
### East Cumberland Area — 1958

Statistics for 1958 again show an increase in the number of new patients seen at the chest centre, and the total volume of outpatient work remains at a high level.

The number of cases of tuberculosis discovered during the year has not diminished, but, as indicated in previous reports, this figure is now stationary. Even so, an average of 140 new cases a year is still a serious problem. Not only does it entail no relaxation in our diagnostic and preventative measures, but it also indicates that for some years to come the demand for tuberculosis beds will remain. Work in connection with pulmonary tuberculosis therefore still continues, and I would not infer that we regard this work of less importance than we formerly did. The diagnosis and treatment of tuberculosis remains as one of the essentials of the chest service.

The vast majority of the new cases seen at the chest centre suffer from non-tuberculous pulmonary diseases, and the diagnosis and treatment of these conditions takes up approximately 80% of the total time we spend on investigation and treatment.

Much that has been written on the future of the chest service appears to complicate the situation unnecessarily. One would feel that as pulmonary tuberculosis declined the proportion of new cases requiring full chest centre facilities would also decline. This is so, as far as tuberculosis is concerned. No longer have we 150/200 patients attending for artificial pneumothorax and pneumoperitoneum refills. Indeed, the decrease in the total attendances at the chest centre is entirely the result of this change in therapy. In other diseases, however, such as carcinoma and bronchiectasis, the investigation required and often their therapy demands more patience and more time proportionately than did the average case of tuberculosis.

The chest centre must remain an integral part of the hospital service. The suggestion that it should be further integrated into the general medical out-patient department is still a debatable question, but it would certainly be retrograde to carry this out before the average medical out-patient department had been raised to a higher level of medical practice as far as ancillary services are concerned.

I would emphasise here the question of treatment of non-tuberculous pulmonary disease. Undoubtedly the vast majority of cases referred to us are

sent to obtain a specialist's advice regarding their treatment. Not only is a report given, which in the majority of such cases excludes tuberculosis and neoplasm and suggests a regimen of treatment for any pathological condition found, but our reports are received by the general medical practitioner, on an average, two days after the patient is seen. As requests for new appointments are invariably answered with a definite appointment within seven days, there is no waiting list for new outpatients. In many cases where urgent treatment is required the general practitioner is informed of the diagnosis and suggested regimen of treatment on the same day as the patient is seen. Such a service is only possible where x-ray facilities form an integral part of the clinic building. Delay in giving appointments, and in general practitioners receiving reports as the result of such appointments, in many medical outpatients departments does not appeal to general practitioners who are anxious to get early advice on a sick patient.

## Tuberculosis

### Notifications

In the East Cumberland Hospital Management Committee area notifications for the pulmonary type of the disease showed a decrease of 8; the number of new cases brought to our notice being 117; on the other hand the number of new cases of non-pulmonary tuberculosis coming under our care increased by 12 to a figure of 33. The only local authority area showing a decrease in the total notification rate was Cumberland County. Once again the majority of our new cases occurred in the first quarter of 1958.

The mass radiography unit allotted to the Special Area has continued in operation throughout the year, and remains a valuable case finding measure in tuberculosis. During the year an intensive community survey in the Ennerdale Rural District was carried out, and a similar survey is being conducted in the Botcherby/Harraby areas of the City of Carlisle at the time of writing this report.

Table 1 gives the number of notifications throughout England and Wales for 1958. and the preceding five years:—

**Table 1**

| Year | Pulmonary | Non-pulmonary |
|---|---|---|
| 1953 ... ... | 40,917 ... ... | 5,629 |
| 1954 ... ... | 36,973 ... ... | 5,375 |
| 1955 ... ... | 34,209 ... ... | 4,554 |
| 1956 ... ... | 31,642 ... ... | 4,173 |
| 1957 ... ... | 29,310 ... ... | 3,807 |
| 1958 ... ... | 26,595 ... ... | 3,503 |

Table 2 shows the notifications for the same period for the three local authority divisions of the East Cumberland area:—

**Table 2**

| Year | Carlisle City | | Cumberland Eastern Div. | | North Westl'd | | Totals | |
|---|---|---|---|---|---|---|---|---|
| | Pulm. | Non-Pulm. | Pulm. | Non-Pulm. | Pulm. | Non-Pulm. | Pulm, | Non-Pulm, |
| 1953 | 67 | 13 | 63 | 18 | 8 | 6 | 138 | 37 |
| 1954 | 90 | 10 | 66 | 19 | 6 | 5 | 162 | 34 |
| 1955 | 71 | 7 | 56 | 20 | 9 | 4 | 136 | 31 |
| 1956 | 65 | 8 | 54 | 10 | 8 | 2 | 127 | 20 |
| 1957 | 68 | 8 | 54 | 12 | 3 | 1 | 125 | 21 |
| 1958 | 66 | 17 | 47 | 15 | 4 | 1 | 117 | 33 |

The sex and age distribution of new cases seen in 1958 are set out in Table 3, and apply to the Eastern Division of the County area, the figures in parenthesis being for the whole of the East Cumberland Hospital Management Committee area, including the City of Carlisle and North Westmorland.

**Table 3 (East Cumberland)**

| | Under 5 | 5-15 | 15-25 | 25-35 | 35-45 | 45–55 | 55–65 | 65+ |
|---|---|---|---|---|---|---|---|---|
| Respiratory | | | | | | | | |
| Males | 1 (1) | — (1) | 4 (11) | 2 (10) | 4 (7) | 5 (13) | 7 (16) | 4 (10) |
| Females | 1 (2) | 1 (3) | 6 (14) | 4 (12) | 4 (7) | 1 (4) | 1 (3) | 2 (3) |
| Non-Respiratory | | | | | | | | |
| Males | — (—) | 3 (4) | 1 (3) | — (2) | — (1) | — (—) | 1 (1) | — (1) |
| Females | — (1) | — (1) | 4 (4) | 1 (3) | 1 (2) | 3 (4) | 1 (4) | — (2) |

Table 4 gives the pulmonary notifications for 1958, and these are further classified as to whether they are infectious or non-infectious and also the extent of the disease they have on first examination. The figures in parenthesis are again for the whole of the East Cumberland Hospital Management Committee area.

**Table 4**

| | R.A. 1 | R.A. 2 | R.A. 3 | R.B. 1 | R.B. 2 | R.B. 3 |
|---|---|---|---|---|---|---|
| Respiratory | | | | | | |
| Males | 3 (17) | 9 (19) | 5 (8) | 2 (6) | 3 (6) | 5 (13) |
| Females | 5 (25) | 7 (9) | 5 (7) | — (—) | 2 (4) | 1 (3) |
| No. of above respiratory cases referred from M.M.R. unit | | | | | | |
| Males | — (6) | 3 (8) | — (1) | — (—) | 1 (1) | — (1) |
| Females | 2 (6) | 5 (5) | — (—) | — (—) | — (1) | — (1) |

**Deaths**

Tuberculosis is still an important cause of death; this is particularly so today with the increasing incidence of active tuberculosis in elderly patients, especially males. The diagnosis of geriatric tubercle can be a difficult problem. In some cases the disease is so severe and acute that the patient may die before the investigations are complete, and it is undoubtedly true that quite a number of sputum positive cases remain undiagnosed before death.

These elderly patients, in most cases dependent on others, are therefore more liable to infect other people and thus sustain the present level of new cases of pulmonary tuberculosis. The routine x-ray examination of all inpatients in hospital must be stressed. Geriatric patients are invariably reluctant to have their chests x-rayed, often particularly noted when carrying out mass radiography surveys, and for the vast majority of geriatric patients admission to hospital will mean their first chest x-ray.

The number of patients whose names were on the tuberculosis register and who have died during the year are set out in Table 5, the figures representing both pulmonary and non-pulmonary cases of tuberculosis.

**Table 5**

| Year | | Carlisle City | Cumberland Eastern Div. | North Westl'd | Totals |
|---|---|---|---|---|---|
| 1953 | ... | 15 | 8 | 2 | 25 |
| 1954 | ... | 16 | 4 | — | 20 |
| 1955 | ... | 15 | 14 | 2 | 31 |
| 1956 | ... | 10 | 7 | 5 | 22 |
| 1957 | ... | 13 | 10 | 3 | 26 |
| 1958 | ... | 10 | 12 | — | 22 |

Table 6 gives the number of deaths from tuberculosis in England and Wales for 1958, and the preceding five years: —

**Table 6**

| Year | No. of deaths |
|---|---|
| 1953 ... ... ... | 7,911 |
| 1954 ... ... ... | 7,069 |
| 1955 ... ... ... | 5,838 |
| 1956 ... ... ... | 5,368 |
| 1957 ... ... ... | 4,784 |
| 1958 ... ... ... | 4,480 |

Whereas deaths from tuberculosis 20 years ago were roughly 25,000, today these are under 5,000. On the other hand the death rate in pulmonary cancer has increased from 4,500 to over 19,000. Chronic bronchitis and emphysema are still responsible for much of the morbidity from chest diseases in this country and remain by far the most killing pulmonary diseases, now accounting for something like 30,000 deaths annually.

**Chest Centre Statistics**

Table 7 gives the number of pulmonary and non-pulmonary cases on the East Cumberland County Register for 1958. The figures in parenthesis in the grand total relate to the corresponding figures for 1957. The last column of this table gives the total number for the whole of the East Cumberland Hospital Management Committee area, which includes the City of Carlisle and North Westmorland.

During the past year intensive therapy has resulted in a considerable degree of sputum conversion in pulmonary cases. At the same time we are now in a position to enumerate the number of sputum positive cases who remain on our Register, and who have unfortunately become resistant to specific antibiotic therapy. Table 7a is therefore introduced, and follows Table 7, and this table applies to the whole of the East Cumberland Hospital Management Committee area. You will note that the total number of cases with a positive sputum at home at the end of the year is 10, and of these 5 must be considered as harbouring bacilli which are so far resistant to therapeutic measures.

**Table 7.**

**Clinic Register as at the end of 1958—East Cumberland.**

| | Respiratory | | | Non-Respiratory | | | Totals | | | Grand Total | No. on Register for whole of East Cumb., H.M.C. |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | M. | W. | Ch. | M. | W. | Ch. | M. | W. | Ch. | | |
| Cases on Clinic Register 1.1.58. | 267 | 261 | 19 | 22 | 61 | 12 | 289 | 322 | 31 | 642(609) | 1396 |
| Additions to Register during 1958 | 35 | 31 | 3 | 2 | 11 | 5 | 37 | 42 | 8 | 87 (93) | 201 |
| | 302 | 292 | 22 | 24 | 72 | 17 | 326 | 364 | 39 | 729(702) | 1652 |
| Removals from Register during 1958 | 34 | 29 | 5 | 3 | 7 | 2 | 37 | 36 | 7 | 80 (60) | 161 |
| No. of cases on Register on 31st December, 1958 | 268 | 264 | 16 | 21 | 65 | 15 | 289 | 329 | 31 | 649(642) | 1491 |

**Table 7a**

| | |
|---|---|
| No. of active pulmonary cases in hospital on 31.12.58 ... ... ... | 85 |
| No. of active cases at home—Positive ... ... ... ... ... ... | 10 |
| No. of active cases at home—Negative ... ... ... ... ... ... | 40 |
| Total No. of active pulmonary cases ... ... ... ... ... ... | 135 |
| No. of resistant cases at home ... ... ... ... ... ... ... | 10 |
| No. of notified respiratory cases not attending chest centre ... ... ... | Nil |

Table 8 gives the statistical summary of the work done at the chest centre throughout the year.

Table 8.

*Chest Centre Statistics*

| | East Cumberland | | Carlisle City | | North Westmorland | | Total | | Total figures for 1957 |
|---|---|---|---|---|---|---|---|---|---|
| | R. | N.R. | R. | N.R. | R. | N.R. | R. | N.R. | |
| 1. No. of NEW cases seen: | | | | | | | | | |
| Adult male ... ... ... | 442 | 2 | 459 | 5 | 71 | 1 | 972 | 8 ) | |
| Adult female ... ... | 304 | 14 | 448 | 8 | 60 | 1 | 812 | 23 ) | |
| Male child ... ... ... | 86 | 5 | 102 | 4 | 6 | — | 194 | 9 ) | |
| Female child ... ... ... | 57 | 1 | 79 | 6 | 11 | — | 147 | 7 ) | 1,891 |
| 2. No. of OLD cases seen: | | | | | | | | | |
| Adult male ... ... ... | 1,092 | 10 | 1,539 | 18 | 159 | 11 | 2,790 | 39 ) | |
| Adult female ... ... ... | 1,063 | 94 | 1,626 | 58 | 111 | 11 | 2,800 | 163 ) | |
| Male child ... ... ... | 170 | 7 | 313 | 5 | 26 | 2 | 509 | 14 ) | |
| Female child ... ... ... | 142 | 2 | 197 | 6 | 12 | — | 351 | 8 ) | 6,569 |
| 3. No. of NEW contacts seen: | | | | | | | | | |
| Adult male ... ... ... | 200 | — | 274 | — | 46 | — | 520 | — ) | |
| Adult female ... ... ... | 283 | — | 366 | — | 72 | — | 721 | — ) | |
| Male child ... ... ... | 257 | — | 331 | — | 31 | — | 619 | — ) | |
| Female child ... ... ... | 249 | — | 317 | — | 38 | — | 604 | — ) | 2,760 |
| 4. No. of OLD contacts seen: | | | | | | | | | |
| Adult male ... ... ... | 50 | — | 60 | — | 4 | — | 114 | — ) | |
| Adult female ... ... ... | 52 | — | 97 | — | 25 | — | 174 | — ) | |
| Male child ... ... ... | 154 | — | 352 | — | 17 | — | 523 | — ) | |
| Female child ... ... ... | 172 | — | 276 | — | 12 | — | 460 | — ) | 1,359 |
| 5. No of cases seen by phyio-therapist: | | | | | | | | | |
| Adult Male ... ... ... | 322 | — | 796 | — | 3 | — | 1,121 | — ) | |
| Adult female ... ... ... | 525 | — | 587 | — | 3 | — | 1,115 | — ) | |
| Male child ... ... ... | 389 | — | 832 | — | 3 | — | 1,224 | — ) | |
| Female child ... ... ... | 458 | — | 498 | — | 10 | — | 966 | — ) | 4,573 |
| 6. No. of A.P. refills given ... | — | — | — | — | — | — | — | — | 70 |
| 7. No. of P.P. refills given ... | 103 | — | 646 | — | 19 | — | 768 | — | 1,719 |
| 8. No. of E.P. refills given ... | — | — | — | — | — | — | — | — | 208 |
| 9. No. of screenings only ... | 29 | — | 36 | — | 4 | — | 69 | — | 147 |
| 10. No. of aspirations ... ... | 15 | 8 | 12 | 4 | 11 | 1 | 38 | 13 | 49 |
| Total attendances ... ... | 6,614 | 143 | 10,243 | 114 | 754 | 27 | 17,611 | 284 | 19,345 |

**Contact examinations**

Contact work has been continued as in previous years, and the term 'contact' is employed in its widest sense and covers anyone who has come in contact with a case of tuberculosis.

Table 9 gives the number of new contacts examined and the number diagnosed as tuberculous for 1958 and the preceding 5 years. These figures apply to the area covered by the East Cumberland Hospital Management Committee.

All contacts found to be Mantoux negative continue to be offered B.C.G.; it is worth while again recording that no case considered suitable for B.C.G. vaccination has refused this.

**Table 9**

| | No. of NEW contacts seen | | | No. of contacts diagnosed as tubercle. | | |
|---|---|---|---|---|---|---|
| Year | Carlisle City | Cumberland East'n. Divn. | North Westl'd | Carlisle City | Cumberland East'n Divn | North Westl'd |
| 1953 | 368 | 286 | 47 | 4 | 1 | — |
| 1954 | 1177 | 761 | 72 | 16 | 9 | 1 |
| 1955 | 1383 | 1126 | 186 | 3 | 5 | — |
| 1956 | 1180 | 920 | 180 | 4 | 4 | — |
| 1957 | 1522 | 1126 | 112 | 9 | 5 | — |
| 1958 | 1277 | 986 | 187 | 11 | 3 | — |

**Hospital facilities and waiting lists**

There is no waiting list for cases of tuberculosis either to hospital or the Thoracic Unit. With pulmonary disease other than tubercle, however, there is always a steady waiting list. As the vast majority of these cases are emergencies and requiring urgent and constant medical supervision, the City General Hospital Chest Unit of 21 beds has been used to its fullest capacity.

Table 10 shows the number of beds available in the chest service and the average monthly bed occupancy throughout the year.

**Table 10**

| Unit | No. of beds available | No. discharged during the year | Average stay of patients | Average monthly bed occupancy |
|---|---|---|---|---|
| Blencathra | 32 | 84 | 218.3 | 43.53 |
| Longtown | 23 | 66 | 160.9 | 23.84 |
| Ormside | 22 | 66 | 100.5 | 20.26 |
| Chest Unit, City General Hosp. | 21 | 298 | 30.5 | 19.59 |

There has been no radical alteration in the programme of treatment since this was described in my 1956 report, but it would not be out of place to comment on one or two minor facets of the therapeutic programme.

The need for long term therapy in tuberculosis is now an accepted view, and in this area we have continued ambulant therapy for approximately 12 months after a patient's discharge from hospital; in certain cases this period has been extended to 18 months. We have continued to admit all cases of active tuberculosis to hospital initially but in general the programme of rest therapy has been curtailed.

Throughout the whole period of therapy, i.e. the part carried out in hospital and the portion carried out after discharge, the specific drugs have been given combined, and cases of drug resistance have been comparatively few and far between. Many patients on ambulant therapy following their discharge develop gastro-intestinal symptoms as most combinations of drugs given for ambulant therapy contain Paramisan. The symptoms produced may become severe, but usually disappear on temporarily stopping all drugs, and we feel that it is good therapy in cases who are prone to digestive symptoms to allow either a short break in therapy, or else to authorise one day per week during which no therapy is taken, analagous to Digitalis therapy in cardiac conditions.

On the other hand one questions whether such long continued post-hospital therapy is necessary. It is easy to assume when a patient's progress is satisfactory that this is the result of therapy. Many of the quiescent cases on our Register had no ambulant therapy following their discharge from hospital and have remained fit and well.

Resection remains the surgical treatment of choice in tuberculosis, and very close association is maintained between the chest centre and the Department of Thoracic Surgery. During the past year we have carried out no artificial pneumothorax inductions and the management of intra-pleural pressures is largely

a thing of the past. A pneumoperitoneum has been induced twice and has been maintained.

Today pleural biopsy is assuming increasing importance in cases of pleural effusion. Where a biopsy is correctly timed a diagnosis by this method is often available before the ordinary sputum examination result has been received. Other centres have reported that in 80% of pleural effusions the aetiology can be diagnosed correctly by this method and that something like 60% of malignant effusions are thus diagnosed. We ourselves have no figures available for this yet as we are just starting to use this method. If our future work confirms these promising results it will mean that pleural biopsy, although it will not entirely eliminate the need for surgical biopsy, will in many cases dispense with this uncomfortable procedure.

Bronchography remains important as the effectiveness of properly managed long term chemotherapy becomes more effective. The number of cases requiring major surgery has diminished for the same reason. Persistent tubercle bacilli in the sputum, with or without a resistant cavity, is obviously one indication for surgery following chemotherapy. In many cases, however, the indications are not clear cut, and one is tempted to advise resection in order to render a patient free from any future breakdown. Until we have a clearer and more accurate assessment of the long term results of combined chemotherapy it is probably good treatment to advise resection at present in many cases of doubt.

Preliminary intensive combined therapy shows a progressively high sterilisation rate in resectable lesions, but when one considers the increasing notification rate in geriatic patients one feels safer when resection has been carried out. The almost uniformerly good results of combined chemotherapy, however, now means that resection, if it is to be carried out, will be carried out at a somewhat later date than it was say two years ago. Disease in geriatric patients also tends to require more prolonged chemotherapy than it does in a young adolescent. For this, amongst other reasons, there is an undoubted tendency for the average inpatient period per patient to increase slightly from previous years. Table 10 bears out this statement but still compares favourably with recent American statistics where the average period of stay in hospital of tuberculous patients was 139 days. A re-activation rate of 10% in the American series suggested that the initial programme of inpatient treatment had been too drastically curtailed, and we must guard against a similar mistake.

**Other Chest Diseases—Carcinoma, bronchiectasis, etc.**

In previous reports it has been customary to add a short section on chest diseases other than tuberculosis seen at the chest centre.

Unfortunately the incidence of pulmonary carcinoma is still rising, and the number of new cases found fit for surgery on first examination remains low, and there is no recent advance in therapy. Table 11 shows the number of cases of carcinoma attending at the chest centre during the year.

**Table 11**

| | M. | W. | Ch. | Total | Total for 1957 |
|---|---|---|---|---|---|
| East Cumberland | | | | | |
| No. of new cases seen ... ... | 23 | 4 | — | 27 | 11 |
| No. admitted for investigation ... | 2 | 1 | — | 3 | 3 |
| No. found unfit for surgery ... | 21 | 3 | — | 24 | 8 |
| Carlisle City | | | | | |
| No. of new cases seen ... ... | 21 | 6 | — | 27 | 24 |
| No. admitted for investigation ... | 5 | 1 | — | 6 | 3 |
| No. found unfit for surgery ... | 16 | 5 | — | 21 | 19 |
| North Westmorland | | | | | |
| No. of new cases seen ... ... | 4 | 1 | — | 5 | 3 |
| No. admitted for investigation ... | — | — | — | — | — |
| No. found unfit for surgery ... | 4 | 1 | — | 5 | 3 |

Table 12 shows the number of cases of bronchiectasis on the active Register of the chest centre and attending for physiotherapy.

**Table 12**

| | M. | W. | Ch. | Total | Total for 1957 |
|---|---|---|---|---|---|
| East Cumberland | | | | | |
| Cases on Register at 1.1.59. | 53 | 52 | 27 | 132 | 133 |
| New cases diagnosed from 1.1.58.—31.12.58. ... ... | 6 | 10 | 3 | 19 | 18 |
| No. of cases which have had surgical treatment to 31st December, 1958 ... ... | 5 | 11 | 3 | 19 | 18 |
| Attendances for physiotherapy | 322 | 525 | 847 | 1,694 | 1,555 |

| | | | | | |
|---|---|---|---|---|---|
| Carlisle City | | | | | |
| Cases on Register at 1.1.59. ... | 69 | 40 | 34 | 143 | 126 |
| New cases diagnosed from 1.1.58—31.12.58. ... ... | 13 | 5 | 5 | 23 | 23 |
| No. of cases which have had surgical treatment to 31st December, 1958 ... ... | 6 | 8 | 3 | 17 | 15 |
| Attendances for physiotherapy | 796 | 587 | 2,330 | 2,713 | 3,004 |
| North Westmorland | | | | | |
| Cases on Register at 1.1.59. ... | 14 | 7 | 3 | 24 | 28 |
| New cases diagnosed from 1.1.58.—31.12.58. ... ... | — | 2 | — | 2 | 5 |
| No. of cases which have had surgical treatment to 31st December, 1958 ... ... | 3 | 1 | — | 4 | 5 |
| Attendances for physiotherapy | 3 | 3 | 13 | 19 | 16 |

## Mass Radiography

(NOTE: Figures given in brackets throughout the report relate to the corresponding figures for 1957).

The Unit spent approximately the same time in East and West Cumberland. Once again, owing to technical staff shortage, we had to close the Unit during the month of August. Instead of having the Unit vehicles overhauled locally as in previous years, the vehicles are now overhauled by the Ministry of Supply at a depot in Blackpool, and this fortunately we were able to arrange during the month of August. We shall not, however, be so fortunate in future. This year (1959) the overhaul takes place in June and during this period of overhaul we have arranged for the Unit to operate at the base in Brunswick Street, Carlisle.

### Groups Examined

In addition to carrying out surveys at works and factories, surveys of the general public were carried out on 40 occasions. 2,140 (2,847) contact cases were x-rayed, 1008 from the East Cumberland area and 1,132 from West Cumberland.

Facilities for mass miniature x-ray examination of children on the Unit have been drastically curtailed as such examinations are much less suitable for children than for adults. During 1958 the number of children under school leaving age showed a very considerable reduction as we limited such examinations to one per child before the age of 15. 3,758 (7,851) school children passed through the Unit.

The full co-operation of the general practitioners in the area was again invited as in previous years.

**Results**

38,272 (44,073) persons were examined by the Unit during the year. These included 1,133 (1,189) inmates of Dovenby Hall and Garlands Hospitals. Excluding the mental patients 37,139 (42,884) persons were examined.

| | | |
|---|---|---|
| Number recalled for full sized x-ray film ... | 2,308—6.03% | of total |
| | (2,095—4.75%) | examined |
| Number referred for clinical examination ... | 562—1.47% | of total |
| | (542—1.23%) | examined |
| Number failing to attend for full sized film | 137—5.94% | of those |
| | (154—7.35%) | recalled |

Table 1 shows the number of abnormalities revealed during 1958 throughout the whole of the Special Area.

89

**Table 1**

| Abnormalities Revealed | No. of cases found | Percentage of total examined |
|---|---|---|
| (1) Non-Tuberculous conditions | | |
| (a) Bronchiectasis ... ... | 43 ( 42) | .11 ( .10) |
| (b) Pneumoconiosis ... ... | 127 ( 94) | .33 ( .21) |
| (c) Neoplasms ... ... ... | 14 ( 11) | .04 ( .02) |
| (d) Cardiovascular conditions ... | 411 (440) | 1.07 (1 00) |
| (e) Miscellaneous ... ... | 364 (777) | .95 (1.76) |
| (2) Pulmonary Tuberculosis | | |
| (a) Active ... ... ... | 46 ( 53) | .12 ( .12) |
| (b) Inactive ... ... ... | 234 (537) | .61 (1.22) |
| (c) Active (Previously known) | 10 ( 8) | .03 ( .02) |

Table 2 gives a detailed analysis of the work of the Unit divided into the East and West Cumberland areas.

**Table 2**

| EAST CUMBERLAND | | | | | | | | | | WEST CUMBERLAND | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Miniature Films | Large Films | Clinical Exams. | Active T.B. | Inactive T.B. | Bronchiectasis | Neoplasms | Pneumoconiosis | Cardiac Conditions | Source of examination | Miniature Films | Large Films | Clinical Exams. | Active T.B. | Inactive T.B. | Bronchiectasis | Neoplasms | Pneumoconiosis | Cardiac Conditions |
| 168 | 51 | 27 | 1 | 1 | 2 | 2 | — | 9 | Doctors' cases | 112 | 55 | 8 | 2 | 14 | 3 | — | 8 | — |
| 36 | — | — | — | — | — | — | — | — | Ante-natal cases | — | — | — | — | — | — | — | — | — |
| 1,008 | 53 | 9 | — | 6 | — | — | — | 24 | Contact cases | 1,132 | 76 | 24 | 2 | 19 | 3 | 1 | 5 | — |
| 2,482 | 72 | 17 | — | — | 2 | — | — | 7 | Scholars | 1,276 | 25 | 6 | — | 2 | 1 | — | — | — |
| 123 | 15 | 4 | — | 1 | 2 | — | — | 1 | School staff | — | — | — | — | — | — | — | — | — |
| 10,686 | 726 | 200 | 21 | 63 | 14 | 6 | — | 200 | General Public | 12,037 | 717 | 144 | 10 | 40 | 9 | 3 | 112 | 90 |
| 7,686 | 399 | 117 | 10 | 50 | 4 | 1 | 2 | 59 | Surveys | 393 | 22 | 2 | — | 1 | — | — | — | — |
| 810 | 78 | 3 | 8 | 32 | 3 | 1 | — | 21 | Mentally defective patients | 323 | 19 | 1 | 2 | 5 | — | — | — | — |
| 22.999 | 1,394 | 377 | 40 | 153 | 27 | 10 | 2 | 321 | TOTALS | 15,273 | 914 | 185 | 16 | 81 | 16 | 4 | 125 | 90 |

Table 3 is introduced and gives the relative figures as between East and West Cumberland for the past seven years.

**Table 3**

| | EAST CUMBERLAND | | | | | | WEST CUMBERLAND | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Year | Active Tuberculosis | Inactive Tuberculosis | Neoplasm | Cardiac Conditions | Bronchiectasis | Pneumoconiosis | Active Tuberculosis | Inactive Tuberculosis | Neoplasm | Cardiac Conditions | Bronchiectasis | Pneumoconiosis |
| 1952 ... | 71 | 707 | 9 | 245 | 68 | 13 | 80 | 423 | 2 | 148 | 26 | 117 |
| 1953 ... | 56 | 506 | 5 | 243 | 64 | 6 | 78 | 341 | 4 | 95 | 29 | 84 |
| 1954 ... | 49 | 438 | 6 | 217 | 39 | 1 | 100 | 381 | 6 | 101 | 22 | 133 |
| 1955 ... | 51 | 455 | 10 | 363 | 38 | 3 | 60 | 302 | 1 | 70 | 25 | 80 |
| 1956 ... | 46 | 338 | 8 | 360 | 37 | 3 | 56 | 258 | 2 | 53 | 15 | 61 |
| 1957 ... | 37 | 312 | 7 | 368 | 18 | 2 | 24 | 226 | 4 | 72 | 24 | 92 |
| 1958 ... | 40 | 153 | 10 | 321 | 27 | 2 | 16 | 81 | 4 | 90 | 16 | 125 |

This table shows several interesting features. The number of cases of active pulmonary tuberculosis discovered by mass radiography has fallen quite appreciably in both East and West Cumberland, the rate is still dropping in the West while in the East the rate has tended to become stationary. More neoplasms have been discovered on mass radiography examination in East Cumberland than in West Cumberland. There would appear to be fare more cardiac abnormalities in East Cumberland than in West Cumberland and analysis of the East Cumberland cases shows that a considerably higher proportion of these are found in the Penrith, Alston and Keswick areas. The number of cases of bronchiectasis found shows a steady decline as would be anticipated from the widespread and rational use of antibiotics. Pneumoconiosis remains almost entirely a West Cumberland prerogative.

Table 4 is included and refers solely to new cases of pulmonary tuberculosis seen in East Cumberland. One should note that in East Cumberland while the number of new cases of pulmonary disease is falling, the overall picture as far as tuberculosis is concerned is stationary. Of the total number of new cases of pulmonary tuberculosis seen at the Chest Centre in East Cumberland 32 had a positive sputum and of these 9% were found by mass radiography examination.

**Table 4**

| Year | No. of new cases of tuberculosis | | | Number with positive sputum | Percentage of new cases with positive sputum | Percentage positive sputum cases found by by M.M.R. |
|---|---|---|---|---|---|---|
| | Non-Pulmonary | Pulmonary | Total | | | |
| 1951 ... | — | 148 | — | 57 | 39% | 23% |
| 1952 ... | 33 | 221 | 254 | 91 | 41% | 22% |
| 1953 ... | 42 | 140 | 182 | 45 | 32% | 20% |
| 1954 ... | 34 | 170 | 204 | 56 | 33% | 13% |
| 1955 ... | 31 | 139 | 170 | 42 | 30% | 21% |
| 1956 ... | 19 | 125 | 144 | 39 | 31% | 18% |
| 1957 ... | 21 | 125 | 146 | 42 | 34% | 29% |
| 1958 ... | 33 | 117 | 150 | 32 | 27% | 9% |

The number of new cases of pulmonary neoplasm coming to our notice during 1958 again shows an increase and of these one sixth were discovered by mass radiography examination initially.

Table 5 again applies to East Cumberland.

**Table 5**

| | 1954 | 1955 | 1956 | 1957 | 1958 |
|---|---|---|---|---|---|
| No. of cases of neoplasm seen at Chest Centre | 16 | 21 | 29 | 38 | 59 |
| No. discovered by M.M.R. ... ... ... | 6 | 10 | 8 | 7 | 10 |

**Street Surveys**

During 1958 a two month street by street survey was carried out in certain areas in the Ennerdale Rural District and early in 1959 a similar survey lasting one month was undertaken in the Botcherby and Harraby areas in Carlisle.

The results of both surveys are shown in the following table which facilitates comparison.

| | Ennerdale | Carlisle |
|---|---|---|
| Estimated adult population ... ... ... | 14.000 | 10,000 |
| No. of persons x-rayed ... ... ... ... | 5,917 | 3,481 |
| No. not previously x-rayed ... ... ... | 2,186 | 1.210 |
| No. re-called for large film examination ... | 385 | 227 |
| No. re-called for clinical examination ... ... | 74 | 55 |
| ABNORMALITIES REVEALED | | |
| Cases of active tuberculosis ... ... ... | 5 | 6 |
| inactive tuberculosis ... ... ... | 21 | 25 |
| pneumoconiosis ... ... ... ... | 87 | — |
| cardiac disease ... ... ... ... | 69 | 70 |
| neoplasm ... ... ... ... ... | — | 1 |

**Comments**

As I indicated in a previous report, mass surveys are not of significant value in the examination of children but it is a very different matter in the examination of adults where the yield of new cases, both of tubercle and of neoplasm, is sufficient to warrant the effort and expense involved. This is particularly so in the older age groups over 50 amongst whom we find the highest percentage of active tubercle today. It also applies equally to women in the younger age group between 20 and 40. Although the number of new cases found by mass radiography has declined slightly it is still too high and we have a long way to go yet before we reach the basal productive figure of 40 per 100,000.

The number of new cases of neoplasm is also high. The problems of the two diseases are of course quite different and as far as neoplasm is concerned one must stress that the value of a single survey examination has distinct limitations, as a bronchial carcinoma may easily be manifest radiologically within two months of a negative x-ray film. To secure early diagnosis, therefore, it would be necessary to x-ray the total population every 3 months and this is quite impracticable. Apart from any possible radiation hazard involved it would also attract an undue amount of attention of apparently healthy people to their chest which is not desirable.

Our efforts, therefore, tend to be concentrated more and more on the older age groups of the population. The number of persons under the age of 15 passing through the Unit shows a very striking decline in 1958 and this figure will be further appreciably lessened in 1959.

Although x-ray examination in the under 15 age group is not of significant value generally it is of tremendous clinical value when specialised groups of children such as contacts and positive mantoux children are examined. In these groups we have always had a comparatively high incidence of active tuberculosis and the benefit of periodic x-ray examination is undoubted. Large film examination, however, is much more suited to the under 15 age group than small film examination and in 1959 we are proposing to carry out large film examinations where such examinations are indicated on children under the age of 15 instead of mass miniature examinations.

We no longer carry out x-ray examinations of pregnant women by miniature film and ante-natal cases who attend the Unit are referred to the appropriate hospital department. In cases of emergency where no hospital is readily accessible a full size film examination would be carried out.

A balanced view of the valuc of diagnostic radiology must prevail and this is borne out by the conclusions of the recent Interim Report of the Adrian Com-

mittee. This report is most reassuring and the general conclusion is that mass miniature radiography, properly conducted, makes a negligible contribution to the total radiation to which the population is daily exposed and its general use should not therefore be curtailed. They do recommend, however, that children should not be x-rayed on miniature film.

During 1958 a serious effort was made to extend our surveys to smaller groups who had not previously been x-rayed and this was particularly done in West Cumberland. This entailed considerable effort on the part of the team for more frequent moves of the Unit were made as less populous areas were surveyed. The general result as far as a case finding measure is concerned was disappointing. Not only did it diminish considerably the total number of persons examined by the Unit for the year but the number of new cases of tuberculosis found by the Unit decreased. The street by street surveys, however, come into a different category and we feel that the two surveys of this nature carried out by the Unit have been worth while. In both surveys 35% of the persons x-rayed were having a chest x-ray for the first time.

Unfortunately, although the static unit equipment has arrived at Brunswick Street, it has not been found possible to staff this Unit and allow it to start operating.

## APPENDIX II

### Annual Report on Tuberculosis and Other Chest Diseases West Cumberland Area—1958.

During the year under review, no major changes have been made in the established pattern of the Chest Service in this Area. Out-patient sessions have been held regularly at the clinics at Workington Infirmary, Egremont, and at Millom, whilst in-patient treatment has been provided at Homewood Annexe, Hensingham, and Galemire I.D.H.

Some limitation of work has again been imposed on the Chest Service by the shortage of radiographers. For many months of the year the X-ray staffs at Workington and Whitehaven were below establishment.

There has been no marked alteration in either morbidity or mortality rates for tuberculosis since the previous year. There is again a slight rise in mortality—mainly an expression of the closer scrutiny now given to haematite workers, in which group the incidence of tuberculosis is very high. The observed morbidity rate for the population continues to fall slightly. When reviewed against the values of five years ago there has been a remarkable decline both in the number of cases diagnosed and the number of deaths.

The virtual abandonment of out-patient collapse therapy has effected a very considerable fall in out-patient attendances at Workington: and the increasingly obvious security of patients treated satisfactorily by modern drugs is prompting a far less frequent recall rate than was hitherto customary.

The severity of disease at diagnosis is, in the main, less now than formerly. Although far-advanced infectious cases are still being referred by general practitioners from time to time, the majority of patients are diagnosed in an early stage, usually by a routine X-ray through any of the numerous channels by which this procedure is now available to this community.

There appears to be a marked decline in attendance at the Mass X-ray Unit in West Cumberland; this has coincided with an increase in infectious cases diagnosed through other channels. In Maryport, for example, a centre where the Mass Radiography Unit has invariably had good attendances, of fourteen new cases in 1958, no less than seven were sputum positive at diagnosis, and of the fourteen only one had attended the Mass X-ray Unit at any time. There appears to be still some room for education and enlightenment of the public in prevention of tuberculous infection and without this no medical procedures can be of much avail in further controlling tuberculosis.

Of the non-tuberculous conditions seen at the chest clinic, the largest single group is undoubtedly pneumoconiosis, of whom over 500 patients now are seen at regular intervals. This group of afflicted miners is made up predominantly of haematite workers, no longer employed at the mines: and because of the extremely high incidence of tuberculous and malignant disease arising in this group, very close out-patient supervision is required to enable appropriate treatment to be undertaken at the correct time, should these complications arise. From the coal mines a smaller number of cases has been found—mainly from the Whitehaven area.

During the year an extended community X-ray programme was attempted in the Ennerdale Rural District. No very striking harvest of previously unknown cases resulted: this may be taken as an indication that the major infectious pool in that area has already been drained—or such of it as is recognisable on a voluntary basis; and that is another matter.

**New Cases of Tuberculosis.**

The number of fresh cases notified in 1958 was 125: there was a small but again significant drop in the observed incidence, the trend of which over the past five years is set out in Table I:

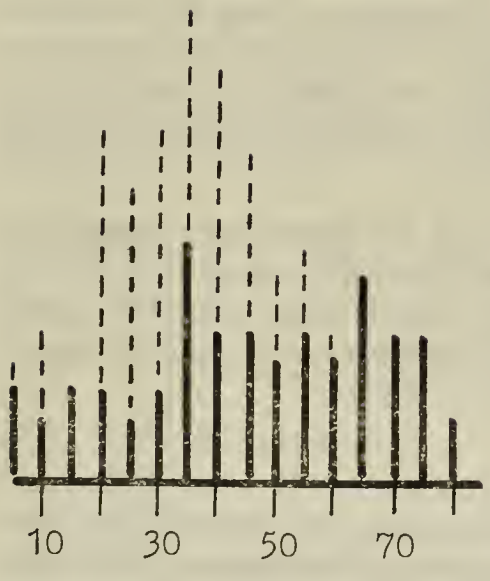
**Table I.**

| Year | Respiratory | Non-Respiratory | Total |
|---|---|---|---|
| 1954 ... ... | 245 | 32 | 277 |
| 1955 ... ... | 193 | 21 | 214 |
| 1956 ... ... | 169 | 35 | 204 |
| 1957 ... ... | 120 | 31 | 151 |
| 1958 ... ... | 110 | 15 | 125 |

Whilst males again predominate, the number of each sex is more nearly equal: from Graph I it can be seen that the age distribution of the sexes is noticeably different. Tuberculosis is more and more a disease of early adult life in the woman and later years in the man—the young mother and the grandfather.

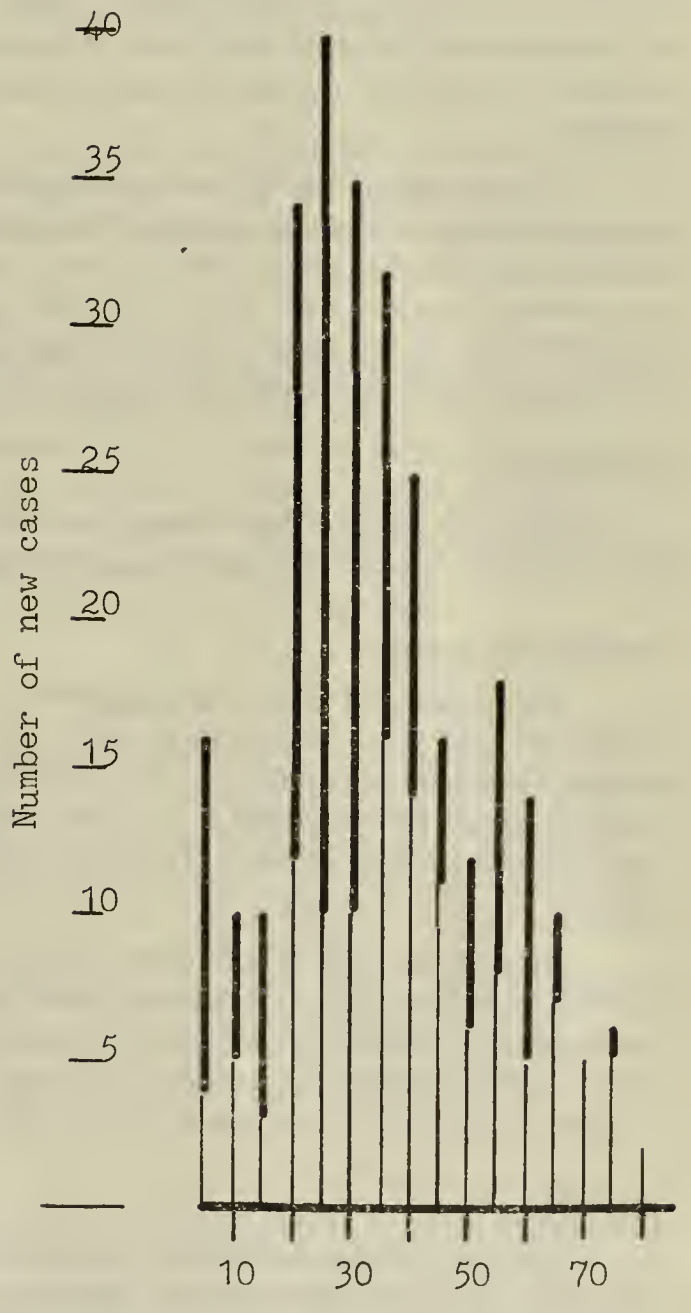
GRAPH I

FRESH NOTIFICATIONS
WEST CUMBERLAND, 1958




GRAPH II

COMBINED GRAPH OF
FRESH NOTIFICATIONS




Age in 5 year groups

Males: ——————

Females: — — — — — —

1953: ——————

1958: ——————

In children—below fifteen years of age—twelve cases were diagnosed, no fewer than nine identified by routine contact examination of an infectious parent or grandparent. One case of tuberculous meningitis arose in a child of six years, whose infection occurred prior to the age of four months, and whose health had remained satisfactory until this illness. Three children, seriously diseased, were of families where infection was known, but whose parents refused routine X-ray, and denied themselves treatment until grave illness enforced it on them—and their children.

From Graph II the fall in morbidity over the past five years can be seen, the greatest improvement occurring in the age bracket 15—35 years. New cases are this year but 44% of the number five years ago. In considering this it should be recalled that prior to the 1950's very little opportunity existed in this region for tuberculosis to be recognised, and there was undoubtedly a much larger pool of unrecognised cases than might otherwise have been the case.

**Case Rate**

Based on the Registrar General's estimated mid-year population of 136,150 the annual case rate for 1958 was 0.9/1,000 for all forms of tuberculosis.

**Tuberculosis Register**

The number of cases remaining on the tuberculosis register at the 31st December, 1958 was 1,658 (1,689 in 1957). This represents a rate of 12.9 known cases per thousand of population—well over 1% of West Cumberland's population currently attend the chest clinics, or are undergoing treatment. It is probable that this rate will decline in future years as recovered cases are removed from the register.

An analysis of the state of health of persons on the tuberculosis register shows an improvement on 1957. Of patients entered on the register prior to 1958, 11.19% remained non-quiescent in 1958 (21.27% for 1957): that is to say, some 89% of old cases have been rendered quiescent (77% in 1957). Of new cases entering the register this year, active disease was present in 84% (80% in 1957).

**Mortality.**

For the second consecutive year the former pronounced trend for the mortality rate to fall has been reversed: whilst the rates for England and Wales as a whole fell again to a new low level of 0.10/1,000, West Cumberland experienced a rate of 0.15/1,000. The total number of deaths was small—20, for all forms—and

of these a significant number were diagnosed after death or so immediately prior as to make treatment valueless. As in previous years, the age groups affected were, in the main, above 50 years, males predominating, viz: 5 deaths (four female) occurred in the 30—45 years age group, and 15 deaths occurred in age groups above 50, maximum incidence being 55—thirteen male and two female.

**Treatment**

As in 1957, Homewood Annexe and Galemire I.D.H. have provided in-patient facilities. The pattern of treatment has again been almost entirely that of bed rest combined with appropriate antibiotics and chemotherapy with or without subsequent resection of any disease remaining at the conclusion of apparently effective conservative treatment.

No collapse therapy was instituted this year: thirty-five cases were transferred to Seaham Hall for major chest surgery (forty in 1957), again all resections. Bed occupancy at both hospitals has changed little, but there has been a marked reduction in the average duration of stay. Criteria for admission and discharge have not been varied and the shortening of time needed for effective treatment is attributable to the dramatic impact on extensive disease of the steroid group of drugs. The following table briefly summarises hospital treatment for the year:

**Table II**

| Hospital | Bed Allocation | Average Daily Bed Occupancy | Discharges and deaths | Average duration of stay (in days |
|---|---|---|---|---|
| Homewood | 41 (41) | 37.23 (36.9 ) | 155 (130) (3 deaths) | 86.67 (103.56) |
| Galemire | 12 (12) | 10.87 (12.37) | 45 ( 44) (1 death) | 88.17 (102.34) |

(Figures in brackets refer to 1957)

**Drug Resistant Organisms**

With more widespread application of anti-tuberculous drugs and antibiotics, increasing attention is being paid to those patients who harbour organisms which are partly or totally resistant to these drugs. Of 1,514 cases on the tuberculosis register prior to 1958, fifty were still infectious; and of these 26 had organisms partly resistant. Of the 125 newly diagnosed cases during 1958, 39 were infectious when

first seen, and of these 11 harboured organisms partly resistant. In neither group was there a case of complete resistance. Of the 20 patients who died during the year, five were still infectious at death, and of these, three were resistant.

It is curious that in all three groups—old cases, new cases and deaths—three fifths harboured resistant organisms: the explanation of this is by no means at once apparent. But the constancy of the figure suggests some process other than dosage-schedules as the responsible factor.

**Table III**

**Summary of Chest Clinic Statistics**

| Clinic | No. of sessions | | New Patients | | Total Attendances | |
|---|---|---|---|---|---|---|
| | 1958 | 1957 | 1958 | 1957 | 1958 | 1957 |
| Workington ... | 174 | 178 | 846 | 800 | 3,614 | 4,566 |
| Egremont ... | 192 | 165 | 863 | 973 | 3,582 | 3,352 |
| Millom ... ... | 15 | 18 | 104 | 88 | 340 | 296 |
| Total ... ... | 381 | 361 | 1,813 | 1,861 | 7536 | 8,214 |

Although the total attendances were less in 1958 than in the previous year, the decrease has occurred in certain specific groups. The Refill Clinic attendances, which had continued at an average of 29 persons per session in 1957, have fallen to seven attendances per session in 1958. Some indication of the change in treatment and Chest Clinic procedure is provided by a comparison with 1954, when, of a total attendance of 7,593, no less than 3,613 were made at the Refill Clinic: in 1958 the relevant figures were 7,536 and 488 respectively.

With a decline in both the total number of contacts seen, and the proportion of these found infected when first seen, attendances in this group have also fallen.

The lower figure of 7,536 for 1958 in fact represents an increased number of predominantly non-tuberculous consultative attendances.

The volume of work passing through the peripheral clinics at Egremont and Millom still remained high: together these two small clinics handle a larger number of cases than Workington—a matter for reflection in forecasting the needs of the Chest Service in West Cumberland in the future.

**Contact Examinations.**

For some years now it has been an adopted policy in this area to offer contact examinations to all the familial relatives, in addition to household contacts of each new case diagnosed. The epidemiological considerations underlying this policy need not be gone into here: but it is of significance to note that in practice, a higher proportion of fresh cases of disease has been found in these groups than in those other groups, often recommended as fruitful ground for contact search, such as vocational contacts—places of work, recreation and so on. Some works and factory and school contact searches have been made in certain circumstances with a low yield of fresh notifiable cases. Without any doubt the centres where the greatest opportunity for fortuitous contact exists are the wards of the general hospitals. One sputum positive patient recently lying undiagnosed in a surgical ward and its convalescent annexe had been in close continuous night and day contact with nearly fifty other patients over a period of many weeks. This may be an isolated instance; but assuming the hospital population is no more tuberculous than the population at large—an optimistic assumption as has been frequently shown in other centres—at least 100 tuberculous persons are accommodated annually in the wards of this hospital group, mainly undiagnosed—and their hospital contacts certainly not followed up.

The number of new contacts seen at the chest clinics in 1958 totalled 1,331 (1,305 in 1957). Of these, 862 were younger than fifteen years; nine cases of tuberculous disease were diagnosed, seven of them children. A further eighteen cases of tuberculous abnormality requiring periodic supervision were found—a total of 27 affected persons. The case rate amongst new contacts has fallen appreciably to 4/1,000 (7/1,000 in 1957 and 6.8/1,000 in 1956). An additional 5,214 adult contacts were requested to attend the Mass X-ray Unit when it visited their residential areas. Of these, 1,132 are known to have attended.

The ratio of new contacts examined to new cases diagnosed was 2,463:125 or 19:1.

The proportion of contacts who had sustained primary infection by the time of first examination has fallen appreciably, as can be seen from Table IV, which sets out in age groups the reactor rates to 1/1,000 O.T. B.C.G. vaccination has continued under the contact scheme, 591 children receiving vaccination in the year. In addition 104 neonates were vaccinated in hospital; this group comprising infants who, because of a family history or parental X-ray, were deemed likely to be exposed to infection known or unknown.

**Table IV**

| Age | Number of reactors | Number tested | Reactor Rate % |
|---|---|---|---|
| 0—4 | 17 | 326 | 5.2 ( 3.5) |
| 5—9 | 13 | 178 | 7.3 (14.3) |
| 10—14 | 20 | 113 | 17.6 (35.0) |

(Figures in brackets refer to 1957 values)

Except for the infantile group there was a noticeable decline in the proportion of contacts found to be infected when first seen. The persistence of—indeed increase in—infection in infant contacts is an expression of the risk run by children of tender years whose parents or grandparents allowed their tuberculosis to become symptomatic before it was diagnosed.

**Case Finding Procedures.**

In addition to the regular visits of the Mass X-ray Unit to West Cumberland, ante-natal cases confined in hospitals at Maryport, Workington and Whitehaven have been routinely X-rayed during the year.

**Ante-natal.**

From a total of 740 such X-rays at Workington and Maryport 12 showed significant abnormalities and in a further 17 it was deemed advisable for B.C.G. to be offered to the infants. At Whitehaven 224 ante-natal X-rays were scrutinised.

**Mass X-ray Unit.**

The activities of the unit were this year varied to allow a more intensive survey of the general public in the Ennerdale Rural District. This necessarily curtailed to some extent the time available for the Unit in other areas. The response in Ennerdale was not so overwhelmingly enthusiastic as could have been wished: and decreased attendances in other areas in West Cumberland combined with this to produce a total attendance markedly less than in any other year to date since the Unit began work in this area. In Table V a summary of the current year's findings is set out.

**Table V**

| Source of examination | Mini. films | Large films | Clinical exams. | Active T.B. | Inactive T.B. | Br'sis | Neoplams | Pn'sis | Cardiac conditions |
|---|---|---|---|---|---|---|---|---|---|
| Doctor's cases | 112 | 55 | 8 | 2 | 14 | 3 | — | 8 | — |
| Contact cases | 1,132 | 76 | 24 | 2 | 19 | 3 | 1 | 5 | — |
| Scholars | 1,276 | 25 | 6 | — | 2 | 1 | — | — | — |
| General Public | 12,037 | 717 | 144 | 10 | 40 | 9 | 3 | 112 | 90 |
| Surveys | 393 | 22 | 2 | — | 1 | — | — | — | — |
| M.D. patients | 323 | 19 | 1 | 2 | 5 | — | — | — | — |
| Totals | 15,273 | 914 | 185 | 16 | 81 | 16 | 4 | 125 | 90 |

It can be seen from the ensuing data how the public have responded to this voluntary method of health control during the past five years: —

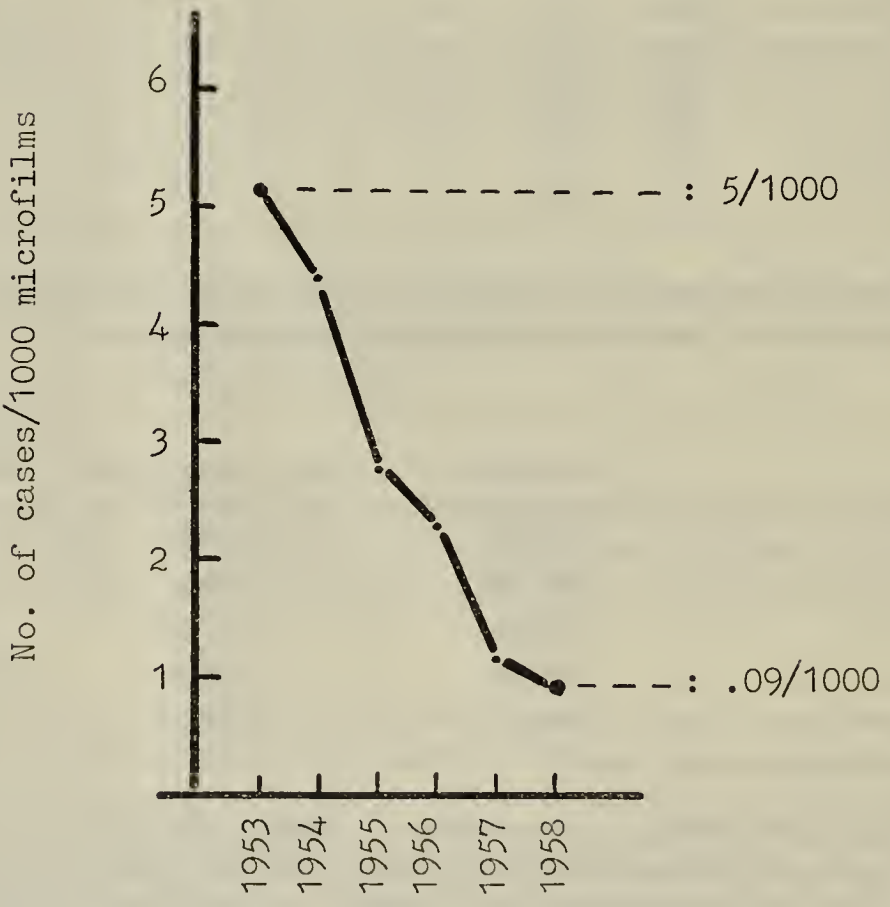
| Year | Population | Total Attendances | New Cases of tuberculosis |
|---|---|---|---|
| 1954 ... ... ... | 134,060 | 20,533 | 100 |
| 1955 ... ... ... | 134,180 | 19,934 | 60 |
| 1956 ... ... ... | 135,020 | 19,743 | 56 |
| 1957 ... ... ... | 135,830 | 19,810 | 24 |
| 1958 ... ... ... | 136,150 | 15,273 | 16 |

Whilst this decline in attendances is possibly indicative of a feeling of security in the population at large, it is clearly undesirable that "security" should be based either on ignorance or taking a chance. An additional 5,000 attendances in 1958 could easily have resulted in double the number of new cases of tuberculosis found — provided that the 5,000 were people who had never had a chest X-ray before. There is no doubt that a high proportion of each year's attendances are repeat examinations of the same people. Inasmuch as this invalidates the trend shown in the accompanying graph so far as expressing a true rate in the population

is concerned, there is nevertheless some encouragement in the very marked decline in active disease to be found in apparently healthy members of the population.

GRAPH III

WEST CUMBERLAND MASS X-RAY
FRESH ACTIVE CASES OF
PULMONARY TUBERCULOSIS



**After Care**

During the year the services of Miss Rose, Group Almoner, have been available for patients both while in hospital and following discharge to their homes. The many problems at home and with employment which long-term illness brings, have been referred to her: and the quality of treatment has been immeasurably improved by her skilled handling of situations which prior to her appointment remained unsolved, in some cases for years. Whilst family problems have claimed a large amount of time, particular attention has been given the re-employment of patients seriously enough disabled to make a return to their previous employ hazardous. A review of the Disabled Persons Registers, held at the several Labour Exchanges, shows that this work has not been without effect. At Maryport, of a total 55 disabled persons unemployed, two were tuberculous: at Workington similar figures were 63 and 3. The Whitehaven figures are an approximation only—20 and 5. By far the most detailed figures are available from the Ennerdale district, viz: —

| | |
|---|---|
| Total number of persons registered as disabled ... ... ... | 336 |
| Total number of persons registered as disabled and unemployed ... | 48 |
| Of the 48, the number assessed medically fit for open employment | 38 |
| Total number of Registered Disabled Persons suffering from respiratory diseases and unemployed ... ... ... ... ... | 10 |
| ( Respiratory tuberculosis ... | 4 ) |
| ( Pneumoconiosis ... ... | 3 ) |
| ( Bronchitis and emphysema | 2 ) |
| ( Pulmonary fibrosis ... | 1 ) |

These last figures are available through the courtesy of the several Managers of the Labour Exchanges consulted. They do not show, however, the number of persons disabled sufficiently to warrant treatment, nor those in the pensionable age groups. Nevertheless, for an area with a population of 30,000 odd these figures reflect well on the efforts of all those concerned in finding suitable employment for disabled persons.

Throughout the year 63 referrals to the Almoner have been made from the Chest Service, while many other cases have required assistance by advice or help in relatively simple matters not warranting a formal referral.